

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

PRINTED: 11/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145837		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/12/2015	
NAME OF PROVIDER OR SUPPLIER PITTSFIELD MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 610 LOWRY STREET PITTSFIELD, IL 62363			
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F 000	INITIAL COMMENTS			F 000			
F 280 SS=E	<p>Annual Licensure and Certification Survey</p> <p>Validation Survey for Subpart U: Alzheimer's Unit 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>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.</p> <p>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 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 observation, record review and interview, the facility failed to adequately update resident's care plans to reflect current status for 4 of 12 residents (R1, R3, R5, R7) reviewed for care planning in the sample of 14.</p> <p>Findings include:</p>			F 280			

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 280	<p>Continued From page 1</p> <p>1. R1's Minimum Data Set (MDS), dated 10/20/15, documents R1 is cognitively impaired, incontinent of bowel, has a urinary catheter, requires at least extensive assistance of 2 for Activities of Daily Living (ADL's), and has bilateral extremity impairment in Range of Motion (ROM).</p> <p>Physicians Order Sheets (POS) of 10/2015 and 11/2015 document that R1 was to received Passive Range of Motion (PROM) to all extremities every shift and is to have bilateral orthotic knee devices for contracture management as tolerated.</p> <p>Contracture Risk Assessment dated 10/20/15 documents that R1 has moderate limitations in all extremities (20%-40%), and is at a moderate contracture risk. A Physician's Order (PO), dated 11/5/15, documents the discontinuation of R1's bilateral knee orthotic devices.</p> <p>R1's Care Plan, dated 10/22/15, lacks any documentation of contracture prevention, PROM, or bilateral knee devices.</p> <p>The facility Care Plan Policy and Procedure, revised 11/2013, documents, "Frequency of care plan meetings: To ensure that the plan of care is relevant to the needs of the resident."</p> <p>On 11/10/15 at 10:00 AM, E3, MDS Coordinator, stated "(R1's) Care Plan did not address the contracture prevention, PROM, or orthotic devices. I had discontinued the Care Plan's knee braces and PROM on 10/12/15, but the nurses did not discontinue the orders for R1's knee orthotic devices. We had the knee orthotics discontinued on 11/05/15."</p>	F 280			

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F 280	<p>Continued From page 2</p> <p>2. The MDS, dated 8/20/15, documents R7 requires extensive assist of two staff for mobility/transfer and has no cognitive impairment.</p> <p>R7's Braden Score, dated 8/20/15, identifies him to be at risk for pressure ulcers. The Care Plan, dated 8/27/15, documents R7's risk for pressure ulcers with interventions to turn/reposition timely.</p> <p>R7's Progress Notes, dated 11/5/15, identified a denuded area to R7's right buttock measuring "8 cm (centimeters) x 4.5 cm with a 4 x 2.5 cm of denuded area at center."</p> <p>On 11/4/15 from 11:00 AM to 3:00 PM, R7 sat in his wheelchair without repositioning based on 15 minutes or less observation intervals. On 11/5/15 at 8:00 AM, R7 was again noted to be up in his wheelchair and remain there throughout the morning with no repositioning.</p> <p>On 11/5/15 at 1:00 PM, E2, Director of Nurses (DON), stated R7 is noncompliant with repositioning and that he was readmitted from the hospital with the denuded area. E2 stated R7 enjoys attending activities and refused to lay down when an activity is going on. E2 agreed that R7's noncompliance was not addressed in the Care Plan with an alternate plan to meet his needs for repositioning.</p> <p>3. On 11/4/2015 and 11/5/2015, during the noon meal, no other activities observed other than assisted dining for R5 and meal set up and independent dining for R3. On 11/4/2015 and 11/5/2015, R3 was either lying in bed or sitting in his chair bedside without activity participation.</p>	F 280			

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F 280	Continued From page 3 R3's Activities Assessment, dated 9/28/2015, documented interests as collectibles, current events, dining out, drawing, exercise/sports, helping others, movies, music, radio, reading/writing, talking/conversing/trips/shopping, walking/wheeling outdoors and watching TV. R3's Care Plan, dated 9/30/2015, was not revised, individualized or documented to include problem, goal and approach(es) based on R3's Activities Assessment interests. 4. R5's Activities Assessment, dated 6/12/2015, documented interest as animals/pets, collectibles, cooking, crafts/arts, current events, dining out, exercise/sports, gardening/plants, helping others, movies, music, needlework, outdoor games, radio, reading/writing, spiritual/religious, talking/conversing, trips/shopping, walking/wheeling outdoors, watching TV and word games. R5's Care Plan, dated 3/4/2015, was not revised, individualized or documented to include problem, goal and approach(es) based on R5's Activities Assessment interests. On 11/4/2015, during the initial tour of the Unit with E14, Licensed Practical Nurse LPN) Charge Nurse, E10 Unit Director, no activities or leisure activities were noted to be going on. On 11/4/2015 and 11/5/2015, during the noon meal, no other activities observed other than assisted dining for R5. On 11/4/2015, 11/5/2015, 11/6/2015, R5 was either in bed or visiting with family without facility engaged activities.	F 280			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER	F 315			

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F 315	<p>Continued From page 4</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide complete skin hygiene to prevent potential urinary tract infections (UTI's) for 1 of 3 residents (R12) reviewed for incontinent care in the sample of 14.</p> <p>Findings include:</p> <p>1. R12's Minimum Data Set (MDS), dated 10/20/15, documents that R12 is cognitively impaired, frequently incontinent of bladder, occasionally incontinent of bowels, requires extensive assist of two for toileting and Activities of Daily Living (ADL's) and is at risk for pressure ulcers.</p> <p>R12's Care Plan, dated 10/22/15, documents R12 has a history of Urinary Tract Infections</p> <p>On 11/4/15 at 11:30 AM, E6 and E7, Certified Nurse Aides (CNA), toileted R12. R12's disposable brief and pants were wet. After toileting R12, E6 and E7, failed to perform skin hygiene on R12's genital and front thigh areas.</p>	F 315			

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F 315	Continued From page 5 The facility's Incontinence Care policy, revised 02/2004, documents, in part, "Wash all soiled areas and dry very well." On 11/4/15 at 3:30 PM, E3, MDS Coordinator/ Director of Nursing, stated "The staff should perform complete skin hygiene on all incontinent residents."	F 315			
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to perform Range of Motion (ROM) exercises and/or apply ROM devices in order to maintain resident functioning for 3 of 8 residents (R1, R7, R12) reviewed for ROM functioning in the sample of 14. Findings include: 1. R7's Minimum Data Set, (MDS), dated 8/20/15 documents range of motion limitations bilaterally upper and lower extremities with no ROM exercises identified as being provided. The Contracture Risk Assessment dated 8/20/15	F 318			

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F 318	<p>Continued From page 6</p> <p>documents R7's mobility and functional abilities as very limited, alert orientation, slight predisposing factors, present joint condition - minimal limitations of <10%, muscle tone - minimal weakness with contracture risk being low.</p> <p>The care plan dated 8/27/15 documents under Activities of Daily Functioning (ADL) that R7 is at risk for loss of voluntary ROM upper and lower extremities and is to do the bike exerciser using arms 2-3 times weekly and the recumbent stepper 5 times weekly, invite to AROM (Active ROM).</p> <p>On 11/6/15 at 1pm, R7 stated he does do the bike exercises for his arms and legs in the therapy department now but staff do not do any exercises besides that.</p> <p>On 11/12/15 at 10:35am, E3, MDS/Care Plan Coordinator stated she completed R7's Contracture Assessment but could not state why he assessed at only a low risk when he already had limitations identified upper and lower extremities. E3 stated R7 has had a functional decline over the past 6-9 months due to declining health and a hospitalization and that she has noticed increased stiffness of his joints recently. E3 stated that last time she assessed him, he could only raise his arms shoulder height and she noted increased stiffness in both legs. E3 stated the facility has no assessment that includes the degree of limitation for R7. E3 also stated there is no system in place to determine if R7s limitations are declining, maintaining or improving. E3 also stated the facility does not have a rehabilitation certified nurse and she received training from support staff years ago on</p>	F 318			

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F 318	<p>Continued From page 7 how to assess for contractures.</p> <p>A Therapy Recommendation/Communication dated 1/2/15 completed by E15, Certified Occupational Therapy Aide (COTA) documents R7 to be at risk for loss of voluntary ROM/Strength in upper extremities related to deconditioning.</p> <p>Active Range of Motion Restorative Program sheets dated 5/2015 written by E16, Restorative Aide show R7 did not participate in the bike exercises due to being hospitalized (5/1/15-5/7/15). The Monthly Restorative note for June and July, 2015 documents R7 was not participating due to "not feeling well." For August 2015, the monthly restorative notes by E16 document R7 has not been participating on a regular basis due to not feeling well. He is showing interest in beginning again but has no participation documented for the month. The October 2015 restorative note documents "Resident is participating 3x/week using Scifit. No complaints or signs of SOB (shortness of breath, pain or difficulty" but has no dates documented when he actually participated. There is no documentation that staff identified his lack of participation and it's potential effect on R7's Range of Motion and addressed it.</p> <p>On 11/12/15 at 11am, E16 Restorative Aide stated R7 started back on the bike exercises 10/21/15 and has been excited about it but agreed that his participation was not documented on the participation sheet itself for October. E16 stated she has not noticed any increased stiffness and/or limitations in his joints and no one has reported any to her. E16 stated when a decline is noted, she sends a message to therapy</p>	F 318			

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F 318	<p>Continued From page 8 to evaluate.</p> <p>2. R1's Minimum Data Set (MDS) dated 10/20/15 documents R1 is cognitively impaired, and has bilateral extremities impairment in Range of Motion (ROM). The Physician Order Sheets (POS) dated 10/2015 and 11/2015 documents that R10 is to received Passive Range of Motion (PROM) to all extremities every shift and is to have bilateral orthotic knee devices applied on day shift as tolerated (7:00 AM-3:00 PM) for contracture management. Contracture Risk Assessment dated 10/20/15 documents that, R1 has moderate limitations in all extremities (20%-40%, and is at a moderate contracture risk (10-18).</p> <p>On 11/4/15, E9 Registered Nurse documented on the Medication Administration Record (MAR) that R1 had bilateral orthotic knee devices applied. On 11/4/15 at various times during the day shift, R1 did not have bilateral orthotic knee devices in place.</p> <p>On 11/5/15 at 1:00 PM, R1's Passive Range of Motion (PROM) exercises were performed by E7 (Certified Nurses Aide). E7 failed to perform R1's abduction and adduction of the left arm, internal and external rotation of the left arm, and flexion and extension of the left wrist</p> <p>3. The MDS dated 10/20/15 documents R12 to have no cognitive impairment. The MDS also documents R12 has have range of motion limitations bilateral upper and lower extremities with Passive Range of Motion done 7 days a week. R12's 11/2015 Physician's Order Sheet (POS) documents an order for "PROM's to all extremities BID (twice daily) dated 9/17/14. The</p>	F 318			

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F 318	<p>Continued From page 9</p> <p>care plan dated 7/28/15 documents R12 to do the bike exercises for arms and stepper for her legs.</p> <p>On 11/16/15 at 10:30am, R12 stated she does not get any exercises to her extremities in her room or from the Certified Nurses Aides but she does go down to do the bike exercises.</p> <p>An Observation Report dated 9/7/15 and 10/11/15 completed by E17, LPN, for the Monthly Summary - Clinical Documentation under Nursing Restoratives had only "active Range of Motion" checked off and no PROM as ordered by the Physician.</p> <p>A Therapy Recommendation/Communication report dated 10/2/15 written by E18 COTA documents "Needs BUE (bilateral Upper Extremity) strengthening due to (decrease) strength and activity tolerance." Reason for suggesting program is to maintain strength and decrease caregiver dependence during transfers. The summary of recommendations is to be using the arm bike exercise for 10-15 minutes while seated in the wheelchair.</p> <p>An Active Range of Motion Restorative Program shows a start date for the bike exercises as 11/19/14 but has no participation documented for October 2015.</p> <p>An AROM Participant Record from October 26 thru November 1, 2015 includes R12's name and documents she participates 2-3 times per week, not BID as ordered. On 11/12/15 at 2pm, E2 stated physician's orders need to be followed if ordered and stated they have no further documentation in terms of assessment of limitations to provide.</p>	F 318			

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F 318	Continued From page 10 4. The facility policy entitled "Range of Motion (passive and active) dated 3/2009 documents Range of Motion may be defined as the extent of movement within a given joint, which is normally achieved through the action of muscles or groups of muscles. The purpose is to prevent contractures, maintain normal range of motion, increase joint motion to the maximum possible range, maintain and build muscle strength, stimulate circulation, prevent deformities and prevent contractures from becoming worse if they are already present.	F 318			
F 327 SS=D	483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to offer fluids during care interventions in order to prevent potential dehydration for 3 of 6 residents (R1, R9, R12) reviewed for hydration in the sample of 14. Findings include: 1. R1's Minimum Data Set (MDS) dated 10/20/15 documents R1 is cognitively impaired, incontinent of bowel, has a urinary catheter, requires extensive assistance of 2 with Activities of Daily Living (ADL's), requires extensive assistance with eating, and has bilateral extremities impairment of Range of Motion (ROM). Doctor's Order Sheet (DOS for 11/2015,	F 327			

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F 327	<p>Continued From page 11</p> <p>documents R1 is on a pureed diet with nectar thickened liquids. Care plan dated 10/22/15 documents that R1 has a history of Urinary Tract Infections and fluids should be encouraged.</p> <p>2. R9's Minimum Data Set (MDS) dated 10/19/15 documents R9 is incontinent of bowel and bladder, requires extensive assistance of 2 for Activities of Daily Living (ADL's), and requires extensive assistance with eating. Care plan dated 10/22/15 documents that R9 has a diagnosis of Diabetes Mellitus, is at risk for dehydration and fluid should be encouraged.</p> <p>3. R12's Minimum Data Set (MDS) dated 10/20/15 documents that R12 is cognitively impaired, frequently incontinent of bladder, occasionally incontinent of bowels, requires total assist of two for toileting and ADL's and is at risk for pressure ulcers. Care plan dated 10/22/15 documents R12 has a history of Urinary Tract Infections</p> <p>Policy titled, Hydration Assistance (revised 07/2008) documents that, "All residents will be provided with fluids during mealtime, as well as, in between meals and during activity sessions."</p> <p>On 11/5/15 at 1:00 PM, R1's was placed in bed by E7 and E10, Certified Nurse Aides; (CNA), followed by R1's catheter care and Passive Range of Motion (PROM). E7 and E10 failed to offer fluids to R1.</p> <p>On 11/4/15 at 10:00 AM E5 and E6 CNA's, assisted R9 to bed via mechanical lift followed by pericare. E5 and E6 failed to offer R9 fluids.</p> <p>On 11/4/15 at 1130 AM, E6 and E7 CNA's,</p>	F 327			

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F 327	Continued From page 12	F 327			
F 441 SS=E	<p>performed R12's toileting and pericare. E6 and E7 failed to offer R12 fluids.</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of</p>	F 441			

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F 441	<p>Continued From page 13 infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure staff removed their gloves after giving care and before touching clean items or residents' to prevent cross contamination for 3 of 12 residents (R1, R9, R12) reviewed for infection control practices in the sample of 14 and 1 resident (R16) in the supplemental sample.</p> <p>Findings include:</p> <p>1. R1's Minimum Data Set (MDS) dated 10/20/15 documents, R1 is cognitively impaired, incontinent of bowels, has a urinary catheter, requires at least extensive assistance of 2 for Activities of Daily Living (ADLs), and has bilateral extremities impairments of Range of Motion (ROM). Doctors order sheets (DOS) of 10/2015 and 11/2015 documents that R1 is to received Passive Range of Motion (PROM) to all extremities every shift</p> <p>On 11/5/15 at 1:00 PM, R1's Passive Range of Motion (PROM) exercise were performed by E7 (Certified Nurses Aide) after E7 performed catheter care . E7 failed to change gloves after R1's catheter care and before performing R1's PROM.</p> <p>Policy titled, Infection Control (revised 08/2009) documents, "Gloves, Gloves will be changed after direct contact with resident's secretions and excretions..."</p>	F 441			

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F 441	<p>Continued From page 14</p> <p>On 11/5/15 3:00 PM, E3 (MDS Coordinator) stated "Gloves should be changed directly after performing catheter care."</p> <p>2. R9's Minimum Data Set (MDS) dated 10/19/15 documents R9 is incontinent of bowel and bladder and requires extensive assistance of 2 for Activities of Daily Living (ADL's). Care plan dated 10/22/15 documents that R9 has a diagnosis of Diabetes Mellitus (alteration in processing sugar in the body) and receives blood sugar checks before meals and at bedtime</p> <p>3. R16s MDS dated 10/27/15 documents R16 is incontinent of bladder and bowels and requires extensive assistance of 2 for ADL's. Care Plan dated 10/29/15 documents R16 has a diagnosis of Diabetes Mellitus and requires blood sugar checks before meals and at bedtime.</p> <p>On 11/4/15 at 3:00 PM E8 (Registered Nurse) failed to remove gloves after performing R9's blood sugar check and before touching the medication cart, medication cart keys, and the Electronic Medical Information (EMI) computer keys.</p> <p>On 11/4/15 at 3:15 PM E8 failed to remove gloves after performing R16's blood sugar check and before touching the medication cart, medication cart keys, and the Electronic Medical Information (EMI) computer keys.</p> <p>Policy titled, Infection Control (revised 08/2009) documents, "Gloves, Gloves will be changed after direct contact with resident's secretions and excretions..."</p>	F 441			

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F 441	Continued From page 15 On 11/10/15 at 9:00 AM E2 (Director of Nursing) stated, "Gloves should be changed after performing blood sugar checks and before touching any other object." 4. On 11/16/15 at 11:15am, R12 transferred to the toilet by E19 and E20, CNA's following an incontinence episode where her wheelchair, pants and brief were urine soaked. E20 and E19 both provided incontinent care and both failed to removed soiled gloves before touching clean items such as R12's wheelchair, clean pants/brief, and transferring her back to the wheelchair.	F 441			
F9999	FINAL OBSERVATIONS Statement of Licensure Findings: 300.7020b)1)6) Section 300.7020 Assessment and Care Planning b) 1) The care plan shall be ability centered in focus (see Section 300.7030) and shall define how the identified abilities, strengths, interests and preferences will be encouraged and used by addressing the resident's physical and mental well-being; dignity, choice, security, and safety; use of retained skills and abilities; use of adaptive equipment; socialization and interaction with others, communication, on whatever level possible (verbal and nonverbal); healthful rest; personal expression; ambulation and physical exercise; and meaningful work.	F9999			

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F9999	<p>Continued From page 16</p> <p>6) The care plan shall be implemented and followed by staff who care for the resident.</p> <p>This regulation is Not Met as evidenced by:</p> <p>Based on record review, observations and interview, the facility failed to revise and provide individualized activity care plans based on individual Activities Assessments for 4 of 4 residents (R3, R5, R10, R11) reviewed for care planning in the sample of 12.</p> <p>Findings include:</p> <p>1. On 11/4/2015, during the initial tour of the Unit with E14, Licensed Practical Nurse LPN) Charge Nurse, E10 Unit Director, no activities or leisure activities were noted to be going on. On 11/4/2015 and 11/5/2015, during the noon meal, no other activities observed other than assisted dining for R5 and meal set up and independent dining for R3, R10 and R11. On 11/4/2015 and 11/5/2015, R3 observed either lying in bed or sitting in his chair bedside without activity participation. On 11/4/2015, 11/5/2015, 11/6/2015, R5 observed either in bed or visiting with family without facility engaged activities.</p> <p>2. R3's Activities Assessment, dated 9/28/2015, documented interests as collectibles, current events, dining out, current events, drawing, exercise/sports, helping others, movies, music, radio, reading/writing, talking/conversing/ trips/shopping, walking/wheeling outdoors and watching TV.</p> <p>R3's Care Plan, dated 9/30/2015, was not revised, individualized or documented to include problem, goal and approach(es) based on R3's</p>	F9999			

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F9999	<p>Continued From page 17 Activities Assessment interests.</p> <p>3. R5's Activities Assessment, dated 6/12/2015, documented interest as animals/pets, collectibles, cooking, crafts/arts, current events, dining out, exercise/sports, gardening/plants, helping others, movies, music, needlework, outdoor games, radio, reading/writing, spiritual/religious, talking/conversing, trips/shopping, walking/wheeling outdoors, watching TV and word games.</p> <p>R5's Care Plan, dated 3/4/2015, was not revised, individualized or documented to include problem, goal and approach(es) based on R5's Activities Assessment interests.</p> <p>4. R10's Activities Assessment, dated 7/1/2015, documented interests as current events, dining out, gardening/plants, helping others, music, radio, spiritual/religious, talking/conversing, walking/wheeling outdoors and watching TV.</p> <p>R10's Care Plan, dated 10/20/14, was not revised, individualized or documented to include problem, goal and approach(es) based on R10's Activities Assessment interests.</p> <p>5. R11's Activity Assessment, dated 7/15/2015, documented interests as animals/pets, collectibles, cooking, dining out, gardening/plants, helping others, movies, music, needlework, quilting, radio, reading/writing, spelling, spiritual/religious, talking/conversing, trips/shopping, walking/wheeling outdoors or watching TV.</p> <p>R11's Care Plan, dated 5/11/2015, was not revised, individualized or documented to include</p>	F9999			

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F9999	<p>Continued From page 18 problem, goal and approach(es) based on R11's Activities Assessment.</p> <p>6. E1, Administrator, stated on 11/10/2015 at 10:30AM and 11/12/2015 at 9:35AM, that "We clearly had care plan issues. We have established that."</p> <p>Section 300.7030 Ability-Centered Care</p> <p>a) Ability-centered care programming, also called activity-focused programming, recognizes the resident's abilities and competencies in care planning. Tasks are adapted and modified to provided for the resident's involvement at the maximum level of the resident's ability. Ability centered care programming embraces the following concepts: activities at every event, encountered and exchange with a staff member, volunteer, relative, or other individuals; activities are redefined as; both independent and structured events are used.</p> <p>Section 300.7040 Activities</p> <p>a) The unit's activity program shall use ability-centered care programming.</p> <p>This standard is not met as evidenced by:</p> <p>Based on record review, observations and interview, the facility failed to provide ability-centered care programming/activities for at least 8 hours a day for 7 days a week for 4 of 4 residents (R3, R5, R10, R11) reviewed for ability-centered care programming in the sample of 12.</p> <p>Findings include:</p>	F9999			

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F9999	<p>Continued From page 19</p> <p>1. On 11/4/2015, during the initial tour of the Unit with E14, Licensed Practical Nurse LPN) Charge Nurse, E10 Unit Director, no activities or leisure activities were noted to be going on. On 11/4/2015 and 11/5/2015, during the noon meal, no other activities observed other than assisted dining for R5 and meal set up and independent dining for R3, R10 and R11. On 11/4/2015 and 11/5/2015, R3 observed either lying in bed or sitting in his chair bedside without activity participation. On 11/4/2015, 11/5/2015, 11/6/2015, R5 observed either in bed or visiting with family without facility engaged activities.</p> <p>2. According to the Alzheimer's November 2015 Daily Program/Activity Schedule, the morning schedule consisted, in part, "beautiful me", breakfast and lunch. It was also noted that the afternoon/evening schedule consisted, in part, of snacks, supper, back rubs and setting tables.</p> <p>E13, Alzheimer's Unit Director, stated, on 11/5/2015 at 9:30AM the activity "beautiful me" was morning activities of living (ADL's) which consisted of waking residents up and morning care. E13 did not provide documentation or assessment as to how "beautiful me" was assessed or incorporated into an individualized activity for R3, R5, R10 and R11.</p> <p>3. R3's Activities Assessment, dated 9/28/2015, documented interests as collectibles, current events, dining out, drawing, dining out, exercise/sports, helping others, movies, music, radio, reading/writing, talking/conversing/ trips/shopping, walking/wheeling outdoors and watching TV.</p>	F9999			

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F9999	<p>Continued From page 20</p> <p>R3's Activity Participation Form, dated for month of 10-2015, was not individualized to include his specific interests or document that his participation in snacks, meals, family visits and back rubs were activity based not care based, activities of daily living, or how visitors were providing activities.</p> <p>4. R5's Activities Assessment, dated 6/12/2015, documented interest as animals/pets, collectibles, cooking , crafts/arts, current events, dining out, exercise/sports, gardening/plants, helping others, movies, music, needlework, outdoor games, radio, reading/writing, spiritual/religious, talking/conversing, trips/shopping, walking/wheeling outdoors, watching TV and word games.</p> <p>R5's Activity Participation Form, dated for month of 10/2015 and 11/2015, was not individualized to include her specific interests or document that her participation in snacks, meals, family visit and back rubs were activity based not care based, activities of daily living, or how visitors were providing activities.</p> <p>5. R10's Activities Assessment, dated 7/1/2015, documented interests as current events, dining out, gardening/plants, helping others, music, radio, spiritual/religious, talking/conversing, waling/wheeling outdoors and watching TV.</p> <p>R10's Activity Participation Form, dated month of 10/2015, was not individualized to include his specific interests or that his participation in snacks, meals and back rubs were activity based not care based, activities of daily living.</p> <p>6. R11's Activities Assessment, dated 7/15/2015,</p>	F9999			

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F9999	<p>Continued From page 21</p> <p>documented interests as animals/pets, collectibles, cooking, dining out, gardening/plants, helping others, movies, music, needlework, quilting, radio, reading/writing, spelling, spiritual/religious, talking/conversing, trips/shopping, walking/wheeling outdoors or watching TV. R11's Activity Participation Form, dated month of 10-2015, was not individualized to include her specific interests or that her participation in snacks, meals and back rubs were activity based not care based, activities of daily living.</p> <p>7. The Philosophy of the Unit, undated, documents "While there is no cure for the person with Alzheimer's Disease, a therapeutic program of maintaining dignity, self-esteem and independence is on-going. When the time comes that the resident can no longer benefit from the programming on the unit, they will be relocated to another area of the facility where they will continue to receive appropriate care."</p> <p>The facility's Special Care Programming policy and procedure, revised 2-2012, documented "The Special Care Unit is a self-contained unit that offers an ability/activity-based approach to care for persons with Alzheimer's disease or related disorder. The Special Care Coordinator designs the programs after assessments on each person have been completed."</p> <p>300.7050d)</p> <p>Section 300.7050 Staffing</p> <p>d) Nurses, CNAs (Certified Nursing Assistants), and social service and activities staff who work on the unit at least 50 percent of the time that they</p>	F9999			

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F9999	<p>Continued From page 22</p> <p>work at the facility shall participate in a minimum of 12 additional hours of orientation within the first 45 days after employment, specifically related to the care of persons with Alzheimer's disease and other dementia.</p> <p>This standard is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure 1 of 8 CNA's were provided 12 hours of orientation related to the care of persons with Alzheimer's disease and other dementia within 45 days of employment of working on the Alzheimer's Unit.</p> <p>Findings include:</p> <p>The facility's List of Garden Court Staff and Their Hire Dates, not dated, documented E11, CNA, was hired on 9/27/2006.</p> <p>The facility's Training Manual, not dated, documented E11's 12 additional hours of orientation training was not provided until 1/14/2015.</p> <p>E2, Director of Nursing (DON), stated, on 11/10/2015 at 10:25AM and on 11-12-2015 at 9:35AM, E11 did not have her 12 additional hours of orientation within 45 days of employment.</p>	F9999			