

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

PRINTED: 02/07/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185402	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/04/2013
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NAME OF PROVIDER OR SUPPLIER HENDERSON NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2500 NORTH ELM ST. HENDERSON, KY 42420
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F 000	<p>INITIAL COMMENTS</p> <p>AMENDED</p> <p>An abbreviated survey (KY#19558) was conducted on 12/28/12 through 01/04/13 to determine the facility's compliance with Federal requirements. KY#19558 was substantiated with deficiencies cited. Immediate Jeopardy identified on 01/03/13 and determined to exist on 12/21/12 at 42 CFR 483.20 Resident Assessment, F282, 42 CFR 483.25 Quality of Care F323, and 42 CFR 483.75 Administration, F490 at a scope and severity of a "J." Substandard Quality of Care was identified at 42 CFR 483.25 Quality of Care.</p> <p>Resident #1 was a forty-two year old Quadriplegic who utilized a motorized wheelchair and had functional limitation in range of motion in bilateral upper and lower extremities. The resident was his/her own responsible party. The facility assessed Resident #1 as a dependent smoker and developed a plan of care for supervised smoking. However, record review and interview revealed staff would assist the resident out of the facility and the resident was allowed to leave facility property to smoke unsupervised. Interview revealed the facility was not responsible for the resident if he/she was off the property due to the resident being his/her own responsible party, even though the facility assessed Resident #1 required supervision. On 12/21/12, Resident #1 exited the facility with the assistance of staff at an undetermined time, was left outside unsupervised, and was found off the facility property by a staff member who was leaving the facility for lunch at approximately 12:00 PM. The resident was found unresponsive in his/her motorized wheelchair, on a two lane residential</p>	F 000	<p>Submission of this plan of correction is not a legal admission that a deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals, who draft or may be discussed in this response of this plan of correction. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within ten (10) days of the survey as a condition to participate in Title 18, and Title 19 programs. The submission of the plan of correction within this timeframe should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of substantial compliance with Federal Medicare Requirements.</p>	1/26/13
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
Carol W. Doherty, RHA Administrator 1-28-13

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 000	Continued From page 1 side street, in front of a parked Semi truck. The resident was assessed by facility staff to have a body temperature of 85.4 degrees Fahrenheit (F), an oxygen saturation of 60% on 5 liters of oxygen, and a heart rate of 58. The Emergency Medical Services was notified at 12:40 PM and the resident was transported to the Emergency Room and assessed to have a core temperature of 91.5 degrees F at 1:40 PM; a warming blanket was utilized; and, the resident was admitted to the Intensive Care Unit with a diagnosis of Hypothermia. The facility was notified of the Immediate Jeopardy on 01/03/13. An acceptable Allegation of Compliance (AoC) was received on 01/04/13 and the State Survey Agency validated that the Immediate Jeopardy was removed on 01/04/13 as alleged. The scope and severity was lowered to a "D" at 42 CFR 483.20 Resident Assessment, F282, 42 CFR 483.25 Quality of Care F323, and 42 CFR 483.75 Administration, F490 while the facility develops and implements the Plan of Correction (POC) and the facility's Quality Assurance monitors the effectiveness of the systemic changes. An additional deficiency was cited during the abbreviated survey at 483.25 Quality of Care F315 at a scope and severity of a "D".	F 000	F 282 1. Resident #1 no longer is a resident at the facility. 2. There are no current residents who leave the facility unsupervised and no resident who smokes unsupervised. To identify other residents having the potential to be affected by the same alleged deficient practice, all current resident care plans regarding supervision and smoking have been reviewed by the Director of Nursing, Assistant Director of Nursing, Unit Manager, MDS Coordinator, Social Services Director, Activity Director, Dietary Services Manager, Facility Rehab Coordinator, a licensed nurse and a nursing assistant to determine appropriate supervision in the facility and outside the facility. This includes a review and analysis of the medical condition, mental status, equipment and resident routine in reference to each resident's individual needs. Any resident with a need for increased supervision or changes to the safe smoking interventions were addressed	
F 282 SS=J	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.	F 282		

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F 282	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review, and review of the facility's policy guidelines, it was determined the facility failed to have an effective system to ensure care plan interventions were implemented for one resident (#1), in the selected sample of nine. Resident #1 was a forty-two year old Quadriplegic who utilized a motorized wheelchair and had functional limitation in range of motion in bilateral upper and lower extremities. Resident #1 was assessed and care planned for supervision with smoking. The facility assessed Resident #1 as a dependent smoker and developed a plan of care for supervised smoking. However, record review and interview revealed staff would assist the resident out of the facility and the resident was allowed to leave facility property to smoke unsupervised. On 12/21/12, Resident #1 exited the facility with the assistance of staff at an undetermined time, was left outside unsupervised, and was found off the facility property by a staff member who was leaving the facility for lunch at approximately 12:00 PM. The resident was found unresponsive in his/her motorized wheelchair, on a two lane residential side street, in front of a parked Semi truck. The resident was assessed by facility staff to have a body temperature of 85.4 degrees Fahrenheit (F), an oxygen saturation of 60% on 5 liters of oxygen, and a heart rate of 58. The Emergency Medical Services was notified at 12:40 PM and the resident was transported to the Emergency Room and assessed to have a core temperature of 91.5 degrees F at 1:40 PM; a warming blanket	F 282	in the resident's care plan and all interventions care planned for supervision were in place. In addition, the Director of Nursing, Assistant Director of Nursing, Unit Manager, MDS Coordinator, Social Services Director, Activity Director, Dietary Services Manager, Facility Rehab Coordinator, a licensed nurse and a nursing assistant reviewed all residents who wish to smoke on 1-3-13. This analysis included memory recall, decision making, communication, vision, balance, range of motion, and fine motor skills. All residents who wish to smoke had a new smoking assessment completed. Resident care plans were updated as needed on 1-3-13. 3. All staff were re-educated by the Director of Nursing, Assistant Director of Nursing, Unit Manager, Education and Training Director or Administrator regarding all residents who		

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F 282	<p>Continued From page 3</p> <p>was utilized; and, the resident was admitted to the Intensive Care Unit with a diagnosis of Hypothermia. (Refer to F323)</p> <p>The facility's failure to implement care plan interventions for residents who required supervised smoking has caused or is like to cause serious injury, harm, impairment or death to a resident. The facility was notified of the Immediate Jeopardy on 01/03/13. An acceptable Allegation of Compliance (AoC) was received on 01/04/13 and the State Survey Agency validated that the Immediate Jeopardy was removed on 01/04/13, as alleged. The scope and severity was lowered to a "D" while the facility develops and implements the Plan of Correction (POC) and the facility's Quality Assurance monitors the effectiveness of the systemic changes.</p> <p>Findings include:</p> <p>A review of the Comprehensive Care Plan Guidelines, dated 09/2008, revealed it did not address the implementation of the care plan.</p> <p>Review of the facility's Smoking Policy, dated 07/01/12, revealed all residents who smoke will be screened using the safe smoking evaluation form upon admission, quarterly, and with a significant change in condition to determine any special smoking needs. Residents may only smoke under staff supervision, in designated smoking area and at times established by the facility. All residents who smoke will have all their smoking materials stored in a secure area at the nurse's station or other location designated by the facility. If a resident wishes to smoke at a non-scheduled time under the supervision of a</p>	F 282	<p>leave the facility must be reported to the Nurse responsible for caring for the resident who will assure appropriate supervision. This education was completed on 1-3-13. Furthermore, all licensed staff were re-educated on 1-3-13 by the Director of Nursing, Assistant Director of Nursing, Unit Manager, Education and Training Director or Administrator on the revised facility policy for temporary leaves of absence to include: any resident who leaves the facility the Licensed Nurse must evaluate the resident's supervision needs to include at a minimum medical condition, mental status, equipment needs, weather conditions, and appropriate attire as well as reviewing the resident's plan of care for supervision. The policy also includes documentation on the leave of absence form when a resident leaves the facility and when the resident returns with communication between shifts of what residents are still out of the facility at change of shift to include documentation on the</p>		

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F 282	<p>Continued From page 4</p> <p>visitor, he or she may only do so if the visitor consults with staff and signs a an Agreement to Accept Responsibility for Resident Smoking prior to taking the resident to smoke.</p> <p>Review of facility Situation, Background, Assessment and Request (SBAR) form, dated 12/21/12, revealed Resident #1 was found outside in his/her wheelchair and was barely responsive. The Background Information was Quadriplegia and Wounds (Pressure Sore). The vital signs were 64% oxygen saturation on room air, heart rate of 64 and respirations of 10. Review of the Notes section revealed "Found outside in motorized wheelchair, slumped to left and back. Sternal rub with loud commands to awaken. Returned to room. Transferred via lift to bed. Started on oxygen at 5/lters, Catheter flowing freely, Bilateral pupils barely responsive to light, mouth dry, 911 acitvated for transfer to ER, physician notified per phone, report call to ER at 12:40 PM".</p> <p>Record review revealed Resident #1 was admitted to the facility on 4/19/08 with diagnoses to include Quadriplegia, Severe Depression without Psychosis, Insomnia, and Autonomic Dysreflexia.</p> <p>Review of the annual Minimum Data Set (MDS) assessment, dated 07/30/12, revealed the facility had assessed Resident #1 without cognitive impairment, he/she required extensive assist with bed mobility, transfers, dressing and personal hygiene, was incontinent of bowel and bladder, had decreased sensory perception, and had functional limitation in range of motion for bilateral upper and lower extremities. A review of the face</p>	F 282	<p>twenty-four (24) hour report. All staff were re-educated by the Director of Nursing, Assistant Director of Nursing, Administrator, Unit Manager or Education and Training Director on 1-3-13 regarding the facility smoking policy to include reporting to the licensed nurse any resident who appears to have difficulty smoking or exhibits unsafe smoking practices such as difficulty holding their own cigarette, dropping ashes on themselves and/or burning themselves or clothing. Resident smoking assessments will be completed by the Director of Nursing, Assistant Director of Nursing or Unit Manager, MDS Coordinator, or Education and Training Director beginning 1-4-13. These individuals were educated on the completion of Smoking Assessments by the Director of Nursing on 1-3-13.</p>	

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F 282	<p>Continued From page 5 sheet for Resident #1 revealed Resident #1 was his/her own responsible party.</p> <p>Review of the most recent Smoking Safety Data Collection and Assessment, dated 07/08/11, revealed the facility assessed Resident #1 as a dependent smoker due to the resident not being able to hold a cigarette safely, to light his/her cigarette safely, and to let go of the cigarette and then retrieve it appropriately.</p> <p>Review of the Comprehensive Care Plan for Fall/Injury, last updated 07/2012, revealed smoking would be supervised by staff, smoking materials would be kept at the nursing station, and to monitor compliance to smoking policy.</p> <p>However, record review revealed Resident #1 had a history of leaving the facility and was left unsupervised to smoke. Review of a Nurse's Note, dated 07/03/12, revealed Resident #1 was outside smoking at 12:30 AM. A Nurse's Note, dated 07/22/12 late entry, revealed Resident #1 was outside smoking from 12:25 AM till 1:30 AM and was non-compliant with the facility's smoking policy. Review of Nurse's Notes, dated 10/21/12 and 10/22/12 revealed Resident #1 went out of the facility constantly and continued to get up during the night to go out of facility several times to smoke.</p> <p>Interviews with staff revealed Resident #1 required assistance to exit the building; however, would be left outside unsupervised to smoke. Interviews revealed the resident could smoke off the facility property without supervision because the resident was his/her own responsible party.</p>	F 282	<p>4. Monitoring of the Plan of Correction is as follows:</p> <p>a. Supervision: The Director of Nursing, Assistant Director of Nursing, MDS Coordinators, Unit Manager, Administrator or the Education and Training Director will contact the facility each shift to review with licensed staff to determine that residents who left the facility or are leaving the facility have been assessed by the licensed nurse to have appropriate supervision as well as any resident requiring increased supervision. This will occur daily on each shift for three (3) weeks followed by five (5) times per week for three (3) weeks, then three (3) times per week for three (3) weeks, then weekly for three (3) weeks. In addition, the Director of Nursing, Assistant Director of Nursing, MDS Coordinators, Unit</p>	

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F 282	<p>Continued From page 6</p> <p>Interview with Certified Nurse Aide (CNA) #2, on 12/28/12 at 9:00 AM, revealed Resident #1 would go outside because he/she could not smoke on the property when it was not smoking time. The CNA stated the resident usually would go out of the parking lot and down the road a little bit or in the field to smoke. He was aware Resident #1 required supervision when smoking but stated the resident could do what he/she wanted when off of the facility grounds.</p> <p>Interview with CNA #1, on 12/28/12 at 10:30 AM, revealed she was aware Resident #1 required supervision when smoking but stated the resident could do what he/she wanted when off of the facility grounds.</p> <p>Interview with Licensed Practical Nurse (LPN) #2, on 12/28/12 at 10:49 AM, revealed Resident #1 liked to smoke and he/she smoked outside off of the property most days.</p> <p>Interview with the Medical Records/Central Supply Clerk, on 12/28/12 at 11:08 AM, revealed Resident #1 would go outside alone and go to the grassy area to smoke.</p> <p>Interview with LPN #5, on 12/30/12 at 6:45 AM, revealed Resident #1 went out of the facility constantly and would knock on the door when ready to re-enter the facility. LPN #5 was aware Resident #1 required supervision when smoking but the resident could do what he/she wanted when off of the facility grounds.</p> <p>Interview with LPN #6, on 01/01/13 at 7:00 AM, revealed when leaving for home in the mornings would see Resident #1 smoking in a gravel area</p>	F 282	<p>Manager, Administrator or the Education and Training Director will review the Leave of Absence book to assure completion and review the twenty-four (24) hour report daily to assure documentation of any resident who remains on Leave of Absence at change of shift. This review will occur daily for four (4) weeks followed by five (5) times a week for eight (8) weeks.</p> <p>b. Smoking: A Department Head will monitor two (2) smoke breaks per day until substantial compliance to assure resident smoking safety interventions are in place. The Department Heads consist of the Administrator, Director of Nursing, Assistant Director of Nursing, Dietary Services Manager, Social Services Director, Activity Director, Maintenance Director, Business Office</p>	

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F 282	<p>Continued From page 7</p> <p>by the road behind the facility. LPN #6 was aware Resident #1 required supervision when smoking but the resident could do what he/she wanted when off of the facility grounds.</p> <p>Interview with LPN #3, on 01/01/13 at 2:20 PM, revealed it was normal for Resident #1 to stay outside for extended periods of time unsupervised and that she was unaware of where all he/she went. LPN #3 was aware Resident #1 required supervision when smoking but that the resident could do what he/she wanted when off of the facility grounds.</p> <p>Interview with CNA #3, on 01/04/13 at 3:15 PM, revealed the resident would go out alone after dark. The night shift staff told her the resident would get up at night and go outside to smoke all the time. Further interview revealed the resident would also go off the property.</p> <p>Interview with the Director of Nursing (DON), dated 01/03/13 at 9:40 AM, revealed the resident was supposed to smoke supervised; however, the resident was alert and oriented and made his/her own decisions.</p> <p>Interview with the Administrator, on 01/03/13 at 4:14 PM, revealed staff was aware that Resident #1 was assessed and care planned for requiring supervision when smoking; however, Resident #1 had the right to exit the facility and if he/she smoked while outside of the facility, it was his/her choice.</p> <p>**The facility implemented the following actions to abate the Immediate Jeopardy:</p>	F 282	<p>Manager, Medical Records, MDS Coordinators, and Housekeeping /Laundry Supervisor.</p> <p>The facility's Quality Assurance Committee to consist of at a minimum the Medical Director, Administrator, Director of Nursing and the Education and Training Director will meet weekly until substantial compliance is achieved. The Quality Assurance Committee will review all audits and observations to assure ongoing compliance with implementation of supervision interventions. If at any time concerns are identified the Quality Assurance Committee will convene to review and make further recommendations.</p>	1/26/13	

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F 282	<p>Continued From page 8</p> <p>*All current residents were reviewed by the Director of Nursing, Assistant Director of Nursing, Unit managers, MDS Coordinator, Social Services Director, Activity Director, Dietary Services Manager, and Facility Rehab Coordinator, a licensed nurse and a nursing assistant to determine appropriate supervision in and outside of the facility. This was completed on 01/03/13.</p> <p>*All residents who wish to smoke were reviewed by the Director of Nursing, Assistant Director of Nursing, Unit managers, MDS Coordinator, Social Services Director, Activity Director, Dietary Services Manager, and Facility Rehab Coordinator, a licensed nurse and a nursing assistant. New smoking assessments were completed on all residents. Any changes were addressed in the residents' care plans to determine appropriate supervision in and outside of the facility. This was completed on 01/03/13.</p> <p>*There are no current residents who leave the facility unsupervised.</p> <p>*All staff were re-educated on 01/03/13 by the Director of Nursing, Assistant Director of Nursing, Administrator, Unit manager or Education and Training Director on the smoking policy to include reporting to the licensed nurse any resident who appears to have difficulty smoking or unsafe smoking practices such as difficulty holding their own cigarette, dropping ashes on themselves and/or burning themselves or clothing. No staff will work after 01/03/13 without having completed this re-education.</p>	F 282		
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F 282	<p>Continued From page 9</p> <p>*All staff were re-educated on 01/03/13 by the Director of Nursing, Assistant Director of Nursing, Administrator, Unit manager or Education and Training Director on all resident who leave the facility must be reported to the Nurse responsible for caring for the resident who will assure appropriate supervision. No staff will work after 01/03/13 without having completed this re-education.</p> <p>*All Licensed Staff were re-educated on 01/03/13 on the revised facility policy for temporary leave of absence to include: any resident who leaves the facility the Licensed Nurse must evaluate the resident's supervision needs to include at a minimum medical condition, mental status, equipment needs, weather conditions and appropriate attire, as well as reviewing the resident's care plan for supervision. This policy also includes documentation on the leave of absence form when a resident leaves the facility and when the resident returns, and communication between shifts of what residents are still out of the facility at change of shift to include documentation on the 24 hour report. No Licensed Staff will work after 01/03/13 without having completed this re-education.</p> <p>*Residents smoking assessments will be completed by the Director of Nursing, Assistant Director of Nursing or Unit Manager, MDS Coordinator and Training Director beginning 01/04/13 and going forward. The Director of Nursing, Assistant Director of Nursing, Unit Manager, MDS Coordinator and Training Director were educated on completion of Smoking Assessments by the Director of Nursing.</p>	F 282		
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NAME OF PROVIDER OR SUPPLIER HENDERSON NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2500 NORTH ELM ST. HENDERSON, KY 42420	
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F 282	<p>Continued From page 10</p> <p>*An ad hoc Quality Assurance Committee (QPI) was held on 01/03/13 to review the alleged deficient practice as well as the plan for removal. In attendance were the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Unit Manager and MDS Coordinator. No further recommendations were made by the committee.</p> <p>*Monitoring of the plan of correction will be performed by the following: The Director of Nursing, the Assistant Director of Nursing, Unit Manager, MDS Coordinators, Administrator or Director of Education will contact the facility each shift to review with licensed staff to determine that residents who left the facility or are leaving the facility have been assessed by the licensed nurse to have appropriate supervision as well as any resident requiring increased supervision. This will occur daily on each shift for three weeks, then five times per week for three weeks, then three times a week for three weeks, then weekly for three weeks and substantial compliance. If at any time concerns are identified, a Quality Assurance Committee Meeting will be convened to make further recommendations. In addition, a Department Head will monitor two smoke breaks per day until substantial compliance to assure resident smoking safety interventions are in place. If at any time concerns are identified, a Quality Assurance Committee Meeting will be convened to make further recommendations. The Department Heads consist of the Administrator, Director of Nursing, Assistant Director of Nursing, Dietary Services Manager, Social Services Director, Activity Director, Maintenance Director, Business Office Manager, Medical Records and the MDS Coordinators.</p>	F 282		

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F 282	<p>Continued From page 11</p> <p>The Director of Nursing, the Assistant Director of Nursing, MDS Coordinators, Unit Manager, Administrator, or the Director of Education will review the Leave of Absence book to assure completion and review the twenty four hour report daily to assure documentation of any resident who remains on Leave of Absence at change of shift. this review will occur daily for four weeks followed by five time a week for eight weeks. If at any time concerns are identified, a Quality Assurance Committee Meeting will be convened to make further recommendations. The Quality Assurance Committee will meet weekly until substantial compliance is achieved. The Quality Assurance Committee will consist at a minimum the Medical Director, the Director of Nursing, the Administrator and the Education and Training Director.</p> <p>*Failure to comply with any of the above will result in individual re-training and as appropriate, disciplinary action.</p> <p>The surveyors validated the corrective action taken by the facility as follows:</p> <p>Record review for sampled residents revealed the residents' were reviewed on 01/03/13 to determine the appropriate level of supervision in and outside of the facility and the residents' care plans were updated. The residents who wished to smoke were reviewed for safety with smoking and new smoking assessments were completed for each resident. The care plans were updated, if needed.</p> <p>Record review validated the completion of all training of staff on 01/03/13 related to the</p>	F 282		
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F 282	<p>Continued From page 12</p> <p>smoking policy, reporting to nurse when a resident is leaving the building so the nurse can determine the appropriate supervision needed, the revised leave of absence policy, and how to complete the smoking assessment.</p> <p>A review of the leave of absence policy and procedure, dated 01/03/13, revealed it was revised to include that any resident who leaves the facility the Licensed Nurse must evaluate the resident's supervision needs to include at a minimum medical condition, mental status, equipment needs, weather conditions and appropriate attire, as well as reviewing the resident's care plan for supervision. This policy also includes documentation on the leave of absence form when a resident leaves the facility and when the resident returns, and communication between shifts of what residents are still out of the facility at change of shift to include documentation on the 24 hour report</p> <p>Interviews with the Education Training Director, the Dietary Manager, Assistant Director of Nursing, Unit Manager #1, Activity Assistant, Maintenance Manager, Business Office Assistant, RN #2, LPN #7, LPN #8, CNA #7, CNA #8, CNA #9, CNA #10, CNA #11, Nurse Aide (NA) #1, Dietary Aide (DA) #1 and DA #2, on 01/04/13 revealed the staff received the training related to the smoking policy, reporting to nurse when a resident is leaving the building so the nurse can determine the appropriate supervision needed, the revised leave of absence policy, and how to complete the smoking assessment.</p> <p>Interviews with the Medical Director, Administrator and Director of Nursing, on</p>	F 282			

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F 282	Continued From page 13 01/04/13, confirmed there was an ad hoc QPI meeting held on 01/03/13 to review the alleged deficient practice as well as the plan for removal and no further recommendations were identified. A review of the monitoring calendar revealed the dates were marks for the days any reviews should be conducted according to the monitoring schedule.	F 282		
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER 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. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of "Lippincott's Textbook for Nursing Assistants", it was determined the facility failed to ensure the appropriate treatment and services to prevent complications with a catheter for one resident (#1), in the selected sample of nine residents. The facility failed to follow its policy related to emptying catheter bags at the end of every shift. Findings include Interview with the Director of Nursing, on 01/03/13 at 9:40 AM, revealed the facility did not have a policy and procedure for catheter care and	F 315	F 315 1. Resident #1 is no longer a resident at the facility. 2. To identify other residents having the potential to be affected by the same alleged deficient practice, the Director of Nursing, Assistant Director of Nursing, Unit Manager, Education and Training, Director or Wound Care Nurse conducted a 100% audit of all residents that have indwelling catheters to ensure that the catheters were emptied at the end of the shift. This audit was done on 1-21-13 with no concerns identified. 3. The Director of Nursing, Unit Manager, and Assistant Director of Nursing and Education and Training Director, or Wound Care Nurse re-educated nursing staff on catheter care to include: measuring urine, when to empty the catheter, recording of the output, reporting to the nurse any abnormal signs observed. Re-education completed on 1-25-13. No staff will work after 1-25-13 without having completed this re-education.	

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F 315	<p>Continued From page 14</p> <p>the Lippincott handbook was the standard of practice the facility followed for catheter care. Review of "Lippencott's Textbook for Nursing Assistants" revealed urine drainage bags were routinely emptied and the urine measured at the end of each shift, unless ordered otherwise. Urine drainage bags should also be emptied if they become too full." (Page 418)</p> <p>Record review revealed Resident #1 was admitted to the facility on 04/19/08 with diagnoses to include Quadriplegia, Paraplegia, Suprapubic catheter and Autonomic Dysreflexia. The resident had a history of frequent Urinary Tract Infections. An annual Minimum Data Set (MDS) assessment, dated 07/30/12, revealed the facility had assessed Resident #1 without cognitive impairment and to have a Suprapubic Catheter.</p> <p>Review of the Comprehensive Care Plan for the Catheter, dated 12/07/11, revealed interventions to assure catheter and drainage bag were below the level of the bladder, empty drainage bag every shift and as needed, record output in the medical record as applicable, change the catheter drainage bag independently of the catheter when drainage bag is leaking or otherwise damaged, and check catheter system every shift for patency and integrity.</p> <p>Review of the output form at the nurse's station revealed Resident #1's output was 2000 milliliters (ml) on 12/21/12 at 4:00 AM.</p> <p>Interview with Certified Nursing Assistant (CNA) #3, on 01/04/13 at 3:15 PM, revealed staff was supposed to do catheter care every time perineal care was completed to make sure the catheters were not leaking and the bags did not need</p>	F 315	<p>4. The Director of Nursing, Unit Manager, Assistant Director of Nursing and Education and Training Director, or Wound Care Nurse will audit catheter urinary output and recording amount five (5) times a week for four (4) weeks and then three (3) times a week for eight (8) weeks to assure staff are compliant with emptying catheter drainage bags at the end of the shift for all residents with indwelling catheter. The results of the audits will be reviewed with the Quality Assurance committee weekly until substantial compliance is achieved. If at any time concerns are identified, the Quality Assurance Committee will meet to review and make further recommendations. The Quality Assurance Committee to consist of a minimum the Administrator, Director of Nursing, Assistant Director of nursing and Education and Training Director with the Medical Director.</p>	1/26/13	

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F 315	Continued From page 15 emptying. The CNA stated he/she sometimes forgot to empty the catheter bag. Interview with Licensed Practical Nurse (LPN) #1, on 01/03/13 at 8:40 AM, revealed the CNAs empty the catheter bags at end of shift and document amount in the accu-nurse system (computer). Interview with the Assistant Director of Nursing (ADON), on 01/03/13 at 2:55 PM, revealed Resident #1's Suprapubic catheter bag was not emptied on the 3:00 PM-11:00 PM shift on 12/20/12, but was emptied in the early morning of 12/21/12. The output recorded was 2000 ml.	F 315		
F 323 SS=J	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 interview, record review, review of facility policies, it was determined the facility failed to have an effective system to ensure resident safety through monitoring and supervision for one resident (#1), in the selected sample of nine residents. Resident #1 was a forty-two year old Quadriplegic who utilized a motorized wheelchair and had functional	F 323	F 323 1. Resident #1 no longer is a resident at the facility. 2. There are no current residents who leave the facility unsupervised and no resident who smokes unsupervised. To identify other residents having the potential to be affected by the same alleged deficient practice, all current resident care plans regarding supervision and smoking have been reviewed by the Director of Nursing, Assistant Director of Nursing, Unit Manager, MDS Coordinator, Social Services Director, Activity Director, Dietary Services Manager, Facility Rehab Coordinator, a licensed nurse and a nursing assistant to determine appropriate supervision in the facility and outside the facility. This includes a review and analysis of medical condition, mental status, equipment and resident routine in reference to each resident's individual needs.	

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F 323	Continued From page 16 limitation in range of motion in bilateral upper and lower extremities. The resident was his/her own responsible party. The facility assessed Resident #1 as a dependent smoker and developed a plan of care for supervised smoking. However, record review and interview revealed staff would assist the resident out of the facility and the resident was allowed to leave facility property to smoke unsupervised. Interview revealed the facility was not responsible for the resident if he/she was off the property due to the resident being his/her own responsible party, even though the facility assessed Resident #1 required supervision. On 12/21/12, Resident #1 exited the facility with the assistance of staff at an undetermined time, was left outside unsupervised, and was found off the facility property by a staff member who was leaving the facility for lunch at approximately 12:00 PM. The resident was found unresponsive in his/her motorized wheelchair, on a two lane residential side street, in front of a parked Semi truck. The resident was assessed by facility staff to have a body temperature of 85.4 degrees Fahrenheit (F), an oxygen saturation of 60% on 5 liters of oxygen, and a heart rate of 58. The Emergency Medical Services was notified at 12:40 PM and the resident was transported to the Emergency Room and assessed to have a core temperature of 91.5 degrees F at 1:40 PM; a warming blanket was utilized; and the resident was admitted to the Intensive Care Unit with a diagnosis of Hypothermia. The facility's failure to have an effective system to ensure Resident #1's safety through monitoring and supervision while the resident was smoking, has caused or is like to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified on 01/03/13	F 323	Any resident with a need for increased supervision or changes to the safe smoking interventions were addressed in the resident's careplan. In addition, the Director of Nursing, Assistant Director of Nursing, Unit Manager, MDS Coordinator, Social Services Director, Activity Director, Dietary Services Manager, Facility Rehab Coordinator, a licensed nurse and a nursing assistant reviewed all residents who wish to smoke on 1-3-13. This analysis included memory recall, decision making, communication, vision, balance, range of motion, and fine motor skills. All residents who wish to smoke had a new smoking assessment completed. Resident care plans were updated as needed on 1-3-13. 3. All staff were re-educated by the Director of Nursing, Assistant Director of Nursing, Unit Manager, Education and Training Director or Administrator regarding all residents who leave the facility must be reported to the Nurse responsible for caring for the resident who will assure		

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F 323	<p>Continued From page 17</p> <p>and was determined to exist on 12/21/12. The facility was notified of the Immediate Jeopardy on 01/03/13. An acceptable Allegation of Compliance (AoC) was received on 01/04/13 and the State Survey Agency validated that the Immediate Jeopardy was removed on 01/04/13 as alleged. The scope and severity was lowered to a "D" while the facility develops and implements the Plan of Correction (POC) and the facility's Quality Assurance monitors the effectiveness of the systemic changes.</p> <p>Findings include:</p> <p>A review of the facility Smoking Policy, dated 07/01/12, revealed the facility permitted smoking in a designated area outside of the facility, subject to certain requirements and restrictions set forth including: 1) All residents who smoke will be screened using the Safe Smoking Evaluation form upon admission, quarterly, and with a significant change in condition to determine any special smoking needs; 2) Residents may only smoke under staff supervision, in designated smoking area and at times established by the facility; 3) All residents who smoke will have all their smoking materials stored in a secure area at the nurse's station or other location designated by the facility; 4) If a resident wishes to smoke at non-scheduled time under the supervision of a visitor, he she may only do so if the visitor consults with staff and signs an Agreement to Accept Responsibility for Resident Smoking form prior to taking the resident to smoke. For purposes of this policy, a visitor is a competent individual who is 18 or older and has approved by the Guardian/Legal Representative for the resident; and, 5) Residents who fail to comply</p>	F 323	<p>appropriate supervision. This education was completed on 1-3-13. Furthermore, all licensed staff were re-educated on 1-3-13 by the Director of Nursing, Assistant Director of Nursing, Unit Manager, Education and Training Director or Administrator on the revised facility policy for temporary leaves of absence to include: any resident who leaves the facility the Licensed Nurse must evaluate the resident's supervision needs to include at a minimum medical condition, mental status, equipment needs, weather conditions, and appropriate attire as well as reviewing the resident's plan of care for supervision. The policy also includes documentation on the leave of absence form when a resident leaves the facility and when the resident returns with communication between shifts of what residents are still out of the facility at change of shift to include documentation on the twenty-four (24) hour report. All staff were re-educated by</p>		

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F 323	<p>Continued From page 18</p> <p>with the facility's smoking policy may be deemed to be subject to discharge, consistent with applicable regulatory requirements governing discharge of residents.</p> <p>Review of a facility form titled, Agreement to Accept Responsibility for Resident, undated, revealed it had a place for signature of resident or person accepting responsibility for resident. There was a section for a printed name, date and time of expected return and contact number. The form included a Signing In section with date, time and signature. Per staff interview, this form was utilized for documenting the date and time for residents exiting and entering the facility.</p> <p>Record review revealed Resident #1 was admitted to the facility on 04/19/08 with diagnoses to include Quadriplegia, Autonomic Dysreflexia, Suprapubic Catheter, Insomnia and Severe Depression without Psychosis. Review of an annual Minimum Data Set (MDS) assessment, dated 07/30/12, revealed the facility had assessed the resident without cognitive impairment, decreased sensory perception and requiring extensive assistance with two staff for bed mobility, transfers, dressing and personal hygiene, was incontinent of bowel, had functional limitation in range of motion to bilateral upper and lower extremities, and had a suprapubic catheter. Resident #1 utilized a motorized wheelchair for mobility and was his/her own responsible party.</p> <p>Review of facility Situation, Background, Assessment and Request (SBAR) form, dated 12/21/12, revealed Resident #1 was found outside in his/her wheelchair and was barely responsive. The Background information was</p>	F 323	<p>the Director of Nursing, Assistant Director of Nursing, Administrator, Unit Manager or Education and Training Director on 1-3-13 regarding the facility smoking policy to include reporting to the licensed nurse any resident who appears to have difficulty smoking or exhibits unsafe smoking practices such as difficulty holding their own cigarette, dropping ashes on themselves and/or burning themselves or clothing.</p> <p>Resident smoking assessments will be completed by the Director of Nursing, Assistant Director of Nursing or Unit Manager, MDS Coordinator, or Education and Training Director beginning 1-4-13. These individuals were educated on completion of Smoking Assessments by the Director of Nursing on 1-3-13.</p>		

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F 323	<p>Continued From page 19</p> <p>Quadriplegia and Wounds (Pressure Sore). The vital signs were 64% oxygen saturation on room air, heart rate of 64 and respirations of 10. Review of the Notes section revealed "Found outside in motorized wheelchair, slumped to left and back. Sternal rub with loud commands to awaken. Returned to room. Transferred via lift to bed. Started on oxygen at 5/liters, Catheter flowing freely, Bilateral pupils barely responsive to light, mouth dry, 911 activated for transfer to ER, physician notified per phone, report call to ER at 12:40 PM".</p> <p>Review of weather history for the area on 12/21/12 between the hours of 9:55 AM and 11:55 AM revealed the average for seven readings was : Temperature 34.8 degrees F., wind chill average was 22.8 degrees F and the average wind gust was 31.5 miles per hour.</p> <p>Review of a Resident Transfer form, dated 12/21/12 (no time), revealed Resident #1's vital signs as blood pressure 129/77, heart rate 58, respirations 18 and temperature of 85.4 degrees F.</p> <p>Review of hospital records, dated 12/21/12, revealed emergency room admission time of 1:17 PM and that the resident was found outside, decreased responsiveness, cold to touch with a core temperature of 91.5 degrees F. General comments section included "Patient brought by EMS. EMS states patient was found slumped over in a wheelchair outside in the road. Patient was barely responsive to light. Lips were blue and patient was placed on 5/liters of oxygen. Patient not responsive to voice. Placed on Bair Huggger (warming device)". Two liters of Normal</p>	F 323	<p>4. Monitoring of the Plan of Correction is as follows:</p> <p>a. Supervision: The Director of Nursing, Assistant Director of Nursing, MDS Coordinators, Unit Manager, Administrator or the Education and Training Director will contact the facility each shift to review with licensed staff to determine that residents who left the facility or are leaving the facility have been assessed by the licensed nurse to have appropriate supervision as well as any resident requiring increased supervision. This will occur daily on each shift for three (3) weeks followed by five (5) times per week for three (3) weeks, then three (3) times per week for three (3) weeks, then weekly for three (3) weeks. In addition, the Director of Nursing, Assistant Director of Nursing, MDS Coordinators, Unit Manager, Administrator or the Education and Training Director will</p>		

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F 323	<p>Continued From page 20</p> <p>Saline on warmer Intravenous (IV) was ordered. At 2:00 PM, an additional third liter of warmed Normal Saline was initiated per IV. Resident #1 was sent to the assigned unit at 3:40 PM.</p> <p>Review of the Nursing Note, dated 12/21/12 at 5:00 PM, revealed Resident #1 had been admitted to the hospital Intensive Care Unit with a diagnosis of Hypothermia.</p> <p>Resident #1 was discharged back to the facility on 12/22/12. Review of the hospital History and Physical, dated 12/22/12, revealed the physician documented the diagnosis of Hypothermia which appears to have resolved at this time and Quadriplegia. The Treatment Plan section revealed "The patient was treated with warming blanket. He/she is doing better now and should be able to be transferred back to the nursing home. I did speak to the nursing home staff about how to avoid this in the future when the weather is bad and he/she is going outside, to send a staff member with him/her".</p> <p>Interview with Licensed Practical Nurse (LPN) #2, on 12/28/12 at 11:10 AM, revealed on 12/21/12 sometime around noon as she was leaving for lunch she had observed Resident #1 outside on the street at the back of the building. Resident #1 was on the street by the employee parking area and in front of a semi truck that was parked along the street (facing away from the building) as supplies were being delivered to the facility. LPN #2 stated Resident #1 was unresponsive and slumped in the wheelchair. She ran to the therapy department (located toward the back of the building) and called for help. Resident #1 was taken into the facility and assessed and an</p>	F 323	<p>review the Leave of Absence book to assure completion and review the twenty-four (24) hour report daily to assure documentation of any resident who remains on Leave of Absence at change of shift. This review will occur daily for four (4) weeks followed by five (5) times a week for eight (8) weeks.</p> <p>b. Smoking: A Department Head will monitor two (2) smoke breaks per day until substantial compliance to assure resident smoking safety interventions are in place. The Department Heads consist of the Administrator, Director of Nursing, Assistant Director of Nursing, Dietary Services Manager, Social Services Director, Activity Director, Maintenance Director, Business Office Manager, Medical Records, MDS Coordinators, and</p>		

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F 323	<p>Continued From page 21 ambulance was called.</p> <p>Interview with Unit Manager #1, on 12/28/12 at 10:40 AM, revealed she was in her office and LPN #2 came in the building around lunch time and said something was wrong with Resident #1. Unit Manager #1 ran outside to help and Resident #1 was not responding, eyes were closed and had an ashen color.</p> <p>Interview with LPN #3, on 01/01/13 at 2:20 PM, revealed on 12/21/12 sometime around noon other facility staff had brought Resident #1 into the facility from outside. LPN #3 stated Resident #1 looked terrible and had pin point pupils. LPN #3 assisted with obtaining vital signs and obtained a temperature for the resident that was 85.4 degrees F. She told the staff to put blankets on Resident #1 while waiting for EMS to arrive. She stated she was unaware of any staff documentation of his/her whereabouts when he/she was outside.</p> <p>Interview with Certified Nurse Aide (CNA) #2, on 12/28/12 at 9:00 AM, revealed he was not assigned to Resident #1 on 12/21/12 but he had assisted to provide care for the resident. CNA #2 revealed Resident #1 has very limited movement of shoulders, arms and hands. Resident #1 was transferred from the bed to the electric wheel chair by two staff and was usually up every morning by 7:00 AM to 7:30 AM and would be assisted outside to smoke. CNA #2 stated Resident #1 had to go off the facility property to smoke unsupervised, and did not think he/she could physically light a cigarette. A form was signed by facility staff when residents left the facility and CNA #2 thought the nurses monitored</p>	F 323	<p>Housekeeping /Laundry Supervisor. The facility's Quality Assurance Committee to consist at a minimum the Medical Director, Administrator, Director of Nursing and the Education and Training Director will meet weekly until substantial compliance is achieved. If at any time concerns are identified, the Quality Assurance Committee will convene to make further recommendations.</p>	1/26/13

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F 323	<p>Continued From page 22</p> <p>that form. He was aware Resident #1 required supervision when smoking but the resident could do what he/she wanted when off of the facility grounds because the resident was his/her responsible party.</p> <p>Interview with CNA #1, on 12/28/12 at 10:30 AM, revealed on 12/21/12 Resident #1 had already been assisted up earlier in the morning and she and another staff had assisted the resident back to bed to provide care sometime before 9:00 AM. CNA #1 stated Resident #1 was assisted back to the wheelchair after the care was provided and she had placed a blue coat on the resident. The CNA then went to the resident dining room to assist in serving breakfast to other residents. The last time she saw Resident #1 that morning was about 9:00 AM as he/she was propelling down the hall in his/her motorized wheelchair where a ramp transitioned down to an exit door at the side of the building on Hall 2. Resident #1 frequently exited the facility through that door with the assistance of staff. CNA #1 was aware Resident #1 required supervision when smoking but the resident could do what he/she wanted when off of the facility grounds, since the resident was his/her responsible party.</p> <p>Interview with LPN #3, on 01/01/13 at 2:20 PM, revealed she had given Resident #1 his/her medications about 8:30 AM to 9:00 AM on 12/21/12 and then let him/her out the door to outside. Resident #1 had knocked on the door about fifteen minutes after that to get assistance to retrieve his/her cell phone which had fallen on the ground and had a lit cigarette at that time. Resident #1 lit his/her own cigarettes. LPN #3 stated it was normal for Resident #1 to stay</p>	F 323			

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F 323	<p>Continued From page 23</p> <p>outside for extended periods of time and that she was unaware of where he/she went. LPN #3 was aware Resident #1 required supervision when smoking but the resident could do what he/she wanted when off of the facility grounds because he/she was his/her own responsible party.</p> <p>Interview with LPN #1, on 12/28/12 at 12:40 PM, revealed she last saw Resident #1 on 12/21/12 about 11:00 AM as she had changed a wound vac and dressing. However, review of the Resident's Treatment Administration Record (TAR) revealed documentation stating the procedure had not been completed as Resident #1 was out of the facility.</p> <p>Interview conducted on 12/28/12 at 8:30 AM with Resident #1 revealed he/she had went outside with the assistance of staff on 12/21/12 sometime before breakfast as he/she did every morning and had told staff to sign him/her out. He/she stated he/she was in the parking area in the back of the building by the road and no one else was there. Resident #1 recalled smoking the second of two cigarettes, had felt warm and may have fallen asleep. Further interview at 2:15 PM revealed Resident #1 stated the only time he/she went outside on 12/21/12 was in the morning before breakfast. He stated he was supposed to be supervised when smoking but when he/she went off the property he/she could smoke unsupervised if he/she wanted. Per interview, the resident went "down the road" where the employees parked to smoke unsupervised. If not, he/she would have to smoke at designated smoking times and in designated areas at the facility.</p>	F 323		
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F 323	<p>Continued From page 24</p> <p>Interview with Resident #1's physician, on 01/02/13 at 1:30 PM, revealed Resident #1 could not determine the temperature and had autonomic instability. The physician stated the diagnosis of Autonomic Dysreflexia could cause temperature regulation problems. The physician additionally felt the facility was responsible to monitor the resident and he had called the facility related to the resident being outside with no supervision.</p> <p>Review of the Agreement to Accept Responsibility for Resident form utilized for Resident #1, revealed no documentation Resident #1 had been signed out of the facility on 12/21/12. The form was incomplete. Additionally, the review revealed thirty six (36) different entries on the form for Resident #1, dated 12/03/12 through 12/27/12. Of those entries, twenty three (23) had no contact information, twenty three (23) had no expected return date or time, eighteen (18) had no return date or time and twenty two (22) had no signature or mark for the person accepting responsibility.</p> <p>Review of the Comprehensive Care Plan for Fall/Injury, last updated 07/2012, revealed smoking would be supervised by staff, smoking materials would be kept at the nursing station, and to monitor compliance to smoking policy. In addition, the care plan stated Resident #1 was not signing self out when leaving the facility and propelling wheelchair after hours outside; however, there were no interventions to address the resident's failure to sign out and how the facility was going to monitor the resident's whereabouts and safety.</p> <p>Record review and interview revealed the</p>	F 323		
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F 323	<p>Continued From page 25</p> <p>resident had a history of going outside to smoke unsupervised. Staff would let the resident out of the facility and the resident would knock on the door when he/she wanted to come back in the facility. Review of the nursing note, dated 07/03/12 at 2:30 AM, revealed "the resident remains non-compliant with smoking policy as does not sign self out and does not always go off of facility property at night". A Nursing Note, dated 07/22/12 at 12:25 AM, revealed "Resident #1 went outside to smoke, continuing non-compliance with smoking policy. The resident remained outside until around 1:30 AM". Review of a Nursing Note, dated 10/21/12 at 4:00 AM, revealed "Resident requested to get out of bed and up in wheelchair at this time" and at 12:45 AM the note stated "Resident has went out of facility constantly to smoke". On 10/22/12 at 6:30 AM, a Nursing Note revealed "Continues to get up during the night and to go out of facility several times to smoke".</p> <p>Interview with LPN #5, on 12/30/12 at 6:45 AM, revealed Resident #1 did not rest at night and usually requested to be assisted into the electric wheelchair about 12:00 AM to 12:45 AM most mornings. Resident #1 went out of the facility constantly and would knock on the door when ready to re-enter the facility and staff could not get their work done. LPN #5 stated she has seen him/her in the field behind the building and staff did not document if there was any monitoring of Resident #1 when outside. Resident #1 kept a cigarette lighter on his/her person and gave the staff "a hard time about it". LPN #5 was aware Resident #1 required supervision when smoking but the resident could do what he/she wanted when off of the facility grounds because he/she</p>	F 323		
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F 323	<p>Continued From page 26</p> <p>was his/her own responsible party.</p> <p>Interview with LPN #6, on 01/01/13 at 7:00 AM, revealed she had always assisted Resident #1 to exit the facility to smoke during the night and had never seen him/her exit or enter the facility unassisted. Resident #1 did not sleep well at night and watched TV and used a lap top computer during the night and felt he/she was a night person. LPN #6 worked nights and when leaving for home in the mornings would see Resident #1 in a gravel area by the road behind the facility. LPN #6 stated she would see Resident #1 with his/her eyes closed dozing off. Resident #1 liked to be in the sun and had a "great suntan". LPN #6 was aware Resident #1 required supervision when smoking but the resident could do what he/she wanted when off of the facility grounds because he/she was his/her own responsible party. She stated she would see the resident smoking in the gravel area.</p> <p>Interview with the Director of Nursing (DON), dated 01/03/13 at 9:40 AM, revealed there was no system to monitor the resident visually when the resident went outside the facility. She stated the resident was supposed to smoke supervised; however, the resident was alert and oriented and made his/her own decisions. Per interview, based on the resident's rights, he/her had those choices, since the resident was his/her own responsible party.</p> <p>Interview with the Administrator, on 01/03/13 at 4:14 PM, revealed staff was aware that Resident #1 was assessed and care planned for requiring supervision when smoking; however, Resident #1 had the right to exit the facility and if he/she</p>	F 323			

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F 323	<p>Continued From page 27</p> <p>smoked while outside of the facility, it was his/her choice. Per interview, the facility was not responsible for the resident when he/she was off facility property because the resident was his/her own responsible party.</p> <p>**The facility implemented the following actions to abate the Immediate Jeopardy :</p> <p>*All current residents were reviewed by the Director of Nursing, Assistant Director of Nursing, Unit managers, MDS Coordinator, Social Services Director, Activity Director, Dietary Services Manager, and Facility Rehab Coordinator, a licensed nurse and a nursing assistant to determine appropriate supervision in and outside of the facility. This was completed on 01/03/13.</p> <p>*All residents who wish to smoke were reviewed by the Director of Nursing, Assistant Director of Nursing, Unit managers, MDS Coordinator, Social Services Director, Activity Director, Dietary Services Manager, and Facility Rehab Coordinator, a licensed nurse and a nursing assistant. New smoking assessments were completed on all residents. Any changes were addressed in the residents' care plans to determine appropriate supervision in and outside of the facility. This was completed on 01/03/13.</p> <p>*There are no current residents who leave the facility unsupervised.</p> <p>*All staff were re-educated on 01/03/13 by the Director of Nursing, Assistant Director of Nursing, Administrator, Unit manager or Education and Training Director on the smoking policy to include</p>	F 323		
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F 323	<p>Continued From page 28</p> <p>reporting to the licensed nurse any resident who appears to have difficulty smoking or unsafe smoking practices such as difficulty holding their own cigarette, dropping ashes on themselves and/or burning themselves or clothing. No staff will work after 01/03/13 without having completed this re-education.</p> <p>*All staff were re-educated on 01/03/13 by the Director of Nursing, Assistant Director of Nursing, Administrator, Unit manager or Education and Training Director on all resident who leave the facility must be reported to the Nurse responsible for caring for the resident who will assure appropriate supervision. No staff will work after 01/03/13 without having completed this re-education.</p> <p>*All Licensed Staff were re-educated on 01/03/13 on the revised facility policy for temporary leave of absence to include: any resident who leaves the facility the Licensed Nurse must evaluate the resident's supervision needs to include at a minimum medical condition, mental status, equipment needs, weather conditions and appropriate attire, as well as reviewing the resident's care plan for supervision. This policy also includes documentation on the leave of absence form when a resident leaves the facility and when the resident returns, and communication between shifts of what residents are still out of the facility at change of shift to include documentation on the 24 hour report. No Licensed Staff will work after 01/03/13 without having completed this re-education.</p> <p>*Residents smoking assessments will be completed by the Director of Nursing, Assistant</p>	F 323		
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F 323	<p>Continued From page 29</p> <p>Director of Nursing or Unit Manager, MDS Coordinator and Training Director beginning 01/04/13 and going forward. The Director of Nursing, Assistant Director of Nursing, Unit Manager, MDS Coordinator and Training Director were educated on completion of Smoking Assessments by the Director of Nursing.</p> <p>*An ad hoc Quality Assurance Committee (QPI) was held on 01/03/13 to review the alleged deficient practice as well as the plan for removal. In attendance were the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Unit Manager and MDS Coordinator. No further recommendations were made by the committee.</p> <p>*Monitoring of the plan of correction will be performed by the following: The Director of Nursing, the Assistant Director of Nursing, Unit Manager, MDS Coordinators, Administrator or Director of Education will contact the facility each shift to review with licensed staff to determine that residents who left the facility or are leaving the facility have been assessed by the licensed nurse to have appropriate supervision as well as any resident requiring increased supervision. This will occur daily on each shift for three weeks, then five times per week for three weeks, then three times a week for three weeks, then weekly for three weeks and substantial compliance. If at any time concerns are identified, a Quality Assurance Committee Meeting will be convened to make further recommendations. In addition, a Department Head will monitor two smoke breaks per day until substantial compliance to assure resident smoking safety interventions are in place. If at any time concerns are identified, a</p>	F 323		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185402	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/04/2013
NAME OF PROVIDER OR SUPPLIER HENDERSON NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2500 NORTH ELM ST. HENDERSON, KY 42420		
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F 323	<p>Continued From page 30</p> <p>Quality Assurance Committee Meeting will be convened to make further recommendations. The Department Heads consist of the Administrator, Director of Nursing, Assistant Director of Nursing, Dietary Services Manager, Social Services Director, Activity Director, Maintenance Director, Business Office Manager, Medical Records and the MDS Coordinators. The Director of Nursing, the Assistant Director of Nursing, MDS Coordinators, Unit Manager, Administrator, or the Director of Education will review the Leave of Absence book to assure completion and review the twenty four hour report daily to assure documentation of any resident who remains on Leave of Absence at change of shift. this review will occur daily for four weeks followed by five time a week for eight weeks. If at any time concerns are identified, a Quality Assurance Committee Meeting will be convened to make further recommendations. The Quality Assurance Committee will meet weekly until substantial compliance is achieved. The Quality Assurance Committee will consist at a minimum the Medical Director, the Director of Nursing, the Administrator and the Education and Training Director.</p> <p>*Failure to comply with any of the above will result in individual re-training and as appropriate, disciplinary action.</p> <p>The surveyors validated the corrective action taken by the facility as follows:</p> <p>Record review for sampled residents revealed the residents were reviewed on 01/03/13 to determine the appropriate level of supervision in and outside of the facility and the residents' care</p>	F 323			

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F 323	<p>Continued From page 31</p> <p>plans were updated. The residents who wished to smoke were reviewed for safety with smoking and new smoking assessments were completed for each resident. The care plans were updated, if needed.</p> <p>Record review validated the completion of all training of staff on 01/03/13 related to the smoking policy, reporting to nurse when a resident is leaving the building so the nurse can determine the appropriate supervision needed, the revised leave of absence policy, and how to complete the smoking assessment.</p> <p>A review of the leave of absence policy and procedure, dated 01/03/13, revealed it was revised to include that any resident who leaves the facility the Licensed Nurse must evaluate the resident's supervision needs to include at a minimum medical condition, mental status, equipment needs, weather conditions and appropriate attire, as well as reviewing the resident's care plan for supervision. This policy also includes documentation on the leave of absence form when a resident leaves the facility and when the resident returns, and communication between shifts of what residents are still out of the facility at change of shift to include documentation on the 24 hour report</p> <p>Interviews with the Education Training Director, the Dietary Manager, Assistant Director of Nursing, Unit Manager #1, Activity Assistant, Maintenance Manager, Business Office Assistant, RN #2, LPN #7, LPN #8, CNA #7, CNA #8, CNA #9, CNA #10, CNA #11, Nurse Aide (NA) #1, Dietary Aide (DA) #1 and DA #2, on 01/04/13 revealed the staff received the training related to</p>	F 323			

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F 323	Continued From page 32 the smoking policy, reporting to nurse when a resident is leaving the building so the nurse can determine the appropriate supervision needed, the revised leave of absence policy, and how to complete the smoking assessment. Interviews with the Medical Director, Administrator and Director of Nursing, on 01/04/13, confirmed there was an ad hoc QPI meeting held on 01/03/13 to review the alleged deficient practice as well as the plan for removal and no further recommendations were identified. A review of the monitoring calendar revealed the dates were marks for the days any reviews should be conducted according to the monitoring schedule.	F 323		
F 490 SS=J	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT Is not met as evidenced by: Based on interview, record review and review of facility policy and Administrators job description it was determined the facility failed to be administered in a manner which enabled it to use its resources effectively and and efficiently to attain or maintain the highest practicable physical, mental and psychosocial well-being for one resident (#1), in the selected sample of nine residents.	F 490	F 490 1. Resident #1 no longer is a resident at the facility. The Regional Director of Operations noted on 1-25-13 that the facility Administrator was administering the facility in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident in that residents were being appropriately supervised and	

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F 490	Continued From page 33 The facility failed to have an effective system to ensure the safety and welfare of one resident (#1), in the selected sample of nine. The Administrator failed to ensure Resident #1 was appropriately supervised according to the facility's assessment, care plan and facility policies. Resident #1 was a forty-two year old Quadriplegic with functional limitation in range of motion in bilateral upper and lower extremities and who utilized a motorized wheelchair. The resident was his/her own responsible party. The facility assessed Resident #1 as a dependent smoker and developed a plan of care for supervised smoking. However, record review and interview revealed staff would assist the resident out of the facility and the resident was allowed to leave facility property to smoke unsupervised. Interviews revealed the resident would either go to a gravel area by the road or field beside the facility to smoke. Interviews revealed the facility was not responsible for the resident if he/she was off the property due to the resident being his/her own responsible party, even though the facility assessed Resident #1 required supervision. Resident #1 was found outside, unresponsive on 12/21/12 in cold weather with a body temperature of 85.4 degrees F, and was admitted to the hospital Intensive Care Unit with a diagnosis of Hypothermia. The Administrator was aware the resident was exiting the facility to smoke unsupervised and failed to ensure supervision was provided for Resident #1 when smoking per the smoking assessment and care plan. This failure to administer the facility effectively and efficiently to attain or maintain each resident's highest practicable physical, mental	F 490	that the supervision care plan interventions were being followed. 2. The Regional Director of Operations noted on 1-25-13 that the facility Administrator was administering the facility in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident in that residents were being appropriately supervised and that supervision care plan interventions were being followed. 3. The Regional Director of Operations on 1-16-13 provided re-education to the facility Administrator related to his duties to administer the facility in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident to include assurance of appropriate supervision.	

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F 490	<p>Continued From page 34</p> <p>and psychosocial well-being has caused or is like to cause serious injury, harm, impairment or death to a resident. The facility was notified of the Immediate Jeopardy on 01/03/13. An acceptable Allegation of Compliance (AoC) was received on 01/04/13 and the State Survey Agency validated that the Immediate Jeopardy was removed on 01/04/13 as alleged. The scope and severity was lowered to a "D" at 42 CFR 483.20 Resident Assessment, F282, 42 CFR 483.25 Quality of Care F323, and 42 CFR 483.75 Administration, F490 while the facility develops and implements the Plan of Correction (POC) and the facility's Quality Assurance monitors the effectiveness of the systemic changes.</p> <p>Findings include:</p> <p>A review of the Administrator's Job Description, dated 10/01/12, revealed the purpose of the position as: To direct the day-to-day functions of the facility in accordance with the current federal, state and local standards, guidelines and regulations that govern Nursing facilities to assure that the highest degree of quality care can be provided residents at all times. Essential function of the position included: Ensure excellent care for residents is maintained by overseeing and monitoring patient care services delivered.</p> <p>(Refer to F282 & F323) Resident #1 was mobile per a motorized wheelchair and would enter and exit the facility with staff assistance. The facility had assessed and care planned Resident #1 as a dependent smoker and required supervision for smoking. On 12/21/12, Resident #1 was found outside unresponsive, after smoking</p>	F 490	<p>4. The Regional Director of Operations will review the Quality Assurance Committee Minutes monthly for three (3) months to ensure compliance with regulatory guidelines and ongoing oversight with supervision. Results of these reviews will be reviewed with the Quality Assurance Committee monthly for at least three (3) months. If at any time concerns are identified, the Quality Assurance Committee will convene to make further recommendations as needed. The Quality Assurance Committee will consist of at a minimum the Administrator, Director of Nursing, Assistant Director of Nursing and Social Services Director with the Medical Director attending at least quarterly.</p>	1/26/13

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F 490	<p>Continued From page 35</p> <p>unsupervised, with a body temperature of 85.4 F; was admitted to the hospital Intensive Care Unit; and, diagnosed with Hypothermia. Interviews with staff revealed Resident #1 required supervision with smoking; however, they did not feel they had to supervise the resident if he/she smoked off the facility property because the resident was his/her own responsible party. Interviews revealed the resident would either go to a gravel area by the road or field beside the facility to smoke.</p> <p>An interview with the Administrator, on 01/02/13 at 4:10 PM and on 01/03/13 at 2:20 PM, revealed Resident #1 was assessed and care planned for requiring supervision when smoking. However, he stated the resident was his own responsible party and it was his/her right to smoke unsupervised when the resident was off the property. Further interview revealed the Agreement to Accept Responsibility for Resident form, which was utilized for residents to be signed out and back into the facility, was the facility system for monitoring residents when exiting and re-entering the facility. Nurses were responsible to ensure that form was completed; however, the Administrator stated he rarely looked at it.</p> <p>A review conducted on 12/28/12 of the facility Agreement to Accept Responsibility for Resident form utilized for Resident #1, revealed no documentation Resident #1 had been signed out of the facility on 12/21/12. The form was incomplete. Additionally, the review revealed thirty six (36) different entries on the form for Resident #1, dated 12/03/12 through 12/27/12. Of those entries twenty three (23) had no contact information, twenty three (23) had no expected</p>	F 490		

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F 490	<p>Continued From page 36</p> <p>return date or time. Eighteen (18) had no return date or time and twenty two (22) had no signature or mark for the person accepting responsibility.</p> <p>**The facility implemented the following actions to abate the Immediate Jeopardy :</p> <p>*All current residents were reviewed on 01/03/13 by the Director of Nursing, Assistant Director of Nursing, Unit managers, MDS Coordinator, Social Services Director, Activity Director, Dietary Services Manager, and Facility Rehab Coordinator, a licensed nurse and a nursing assistant to determine appropriate supervision in and outside of the facility. This was completed on 01/03/13.</p> <p>*All residents who wish to smoke were reviewed 01/03/13 by the Director of Nursing, Assistant Director of Nursing, Unit managers, MDS Coordinator, Social Services Director, Activity Director, Dietary Services Manager, and Facility Rehab Coordinator, a licensed nurse and a nursing assistant. New smoking assessments were completed on all residents. Any changes were addressed in the residents' care plans to determine appropriate supervision in and outside of the facility. This was completed on 01/03/13.</p> <p>*There are no current residents who leave the facility unsupervised.</p> <p>*All staff were re-educated on 01/03/13 by the Director of Nursing, Assistant Director of Nursing, Administrator, Unit manager or Education and Training Director on the smoking policy to include reporting to the licensed nurse any resident who</p>	F 490			

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F 490	<p>Continued From page 37</p> <p>appears to have difficulty smoking or unsafe smoking practices such as difficulty holding their own cigarette, dropping ashes on themselves and/or burning themselves or clothing. No staff will work after 01/03/13 without having completed this re-education.</p> <p>*All staff were re-educated on 01/03/13 by the Director of Nursing, Assistant Director of Nursing, Administrator, Unit manager or Education and Training Director on all resident who leave the facility must be reported to the Nurse responsible for caring for the resident who will assure appropriate supervision. No staff will work after 01/03/13 without having completed this re-education.</p> <p>*All Licensed Staff were re-educated on 01/03/13 on the revised facility policy for temporary leave of absence to include: any resident who leaves the facility the Licensed Nurse must evaluate the resident's supervision needs to include at a minimum medical condition, mental status, equipment needs, weather conditions and appropriate attire, as well as reviewing the resident's care plan for supervision. This policy also includes documentation on the leave of absence form when a resident leaves the facility and when the resident returns, and communication between shifts of what residents are still out of the facility at change of shift to include documentation on the 24 hour report. No Licensed Staff will work after 01/03/13 without having completed this re-education.</p> <p>*Residents smoking assessments will be completed by the Director of Nursing, Assistant Director of Nursing or Unit Manager, MDS</p>	F 490		

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F 490	<p>Continued From page 38</p> <p>Coordinator and Training Director beginning 01/04/13 and going forward. The Director of Nursing, Assistant Director of Nursing, Unit Manager, MDS Coordinator and Training Director were educated on completion of Smoking Assessments by the Director of Nursing.</p> <p>*An ad hoc Quality Assurance Committee (QPI) was held on 01/03/13 to review the alleged deficient practice as well as the plan for removal. In attendance were the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Unit Manager and MDS Coordinator. No further recommendations were made by the committee.</p> <p>*Monitoring of the plan of correction will be performed by the following: The Director of Nursing, the Assistant Director of Nursing, Unit Manager, MDS Coordinators, Administrator or Director of Education will contact the facility each shift to review with licensed staff to determine that residents who left the facility or are leaving the facility have been assessed by the licensed nurse to have appropriate supervision as well as any resident requiring increased supervision. This will occur daily on each shift for three weeks, then five times per week for three weeks, then three times a week for three weeks, then weekly for three weeks and substantial compliance. If at any time concerns are identified, a Quality Assurance Committee Meeting will be convened to make further recommendations. In addition, a Department Head will monitor two smoke breaks per day until substantial compliance to assure resident smoking safety interventions are in place. If at any time concerns are identified, a Quality Assurance Committee Meeting will be</p>	F 490		
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F 490	<p>Continued From page 39</p> <p>convened to make further recommendations. The Department Heads consist of the Administrator, Director of Nursing, Assistant Director of Nursing, Dietary Services Manager, Social Services Director, Activity Director, Maintenance Director, Business Office Manager, Medical Records and the MDS Coordinators. The Director of Nursing, the Assistant Director of Nursing, MDS Coordinators, Unit Manager, Administrator, or the Director of Education will review the Leave of Absence book to assure completion and review the twenty four hour report daily to assure documentation of any resident who remains on Leave of Absence at change of shift. this review will occur daily for four weeks followed by five time a week for eight weeks. If at any time concerns are identified, a Quality Assurance Committee Meeting will be convened to make further recommendations. The Quality Assurance Committee will meet weekly until substantial compliance is achieved. The Quality Assurance Committee will consist at a minimum the Medical Director, the Director of Nursing, the Administrator and the Education and Training Director.</p> <p>*Failure to comply with any of the above will result in individual re-training and as appropriate, disciplinary action.</p> <p>The surveyors validated the corrective action taken by the facility as follows:</p> <p>Record review for sampled residents revealed the residents' were reviewed to determine the appropriate level of supervision in and outside of the facility and the residents' care plans were updated. The residents who wished to smoke</p>	F 490		

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F 490	<p>Continued From page 40</p> <p>were reviewed for safety with smoking and new smoking assessments were completed for each resident. The care plans were updated, if needed.</p> <p>Record review validated the completion of all training of staff related to the smoking policy, reporting to nurse when a resident is leaving the building so the nurse can determine the appropriate supervision needed, the revised leave of absence policy, and how to complete the smoking assessment.</p> <p>A review of the leave of absence policy and procedure, dated 01/03/13, revealed it was revised to include that any resident who leaves the facility the Licensed Nurse must evaluate the resident's supervision needs to include at a minimum medical condition, mental status, equipment needs, weather conditions and appropriate attire, as well as reviewing the resident's care plan for supervision. This policy also includes documentation on the leave of absence form when a resident leaves the facility and when the resident returns, and communication between shifts of what residents are still out of the facility at change of shift to include documentation on the 24 hour report</p> <p>Interviews with the Education Training Director, the Dietary Manager, Assistant Director of Nursing, Unit Manager #1, Activity Assistant, Maintenance Manager, Business Office Assistant, RN #2, LPN #7, LPN #8, CNA #7, CNA #8, CNA #9, CNA #10, CNA #11, Nurse Aide (NA) #1, Dietary Aide (DA) #1 and DA #2, on 01/04/13 revealed the staff received the training related to the smoking policy, reporting to nurse when a</p>	F 490		
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F 490	Continued From page 41 resident is leaving the building so the nurse can determine the appropriate supervision needed, the revised leave of absence policy, and how to complete the smoking assessment. Interviews with the Medical Director, Administrator and Director of Nursing, on 01/04/13, confirmed there was an ad hoc QPI meeting held on 01/03/13 to review the alleged deficient practice as well as the plan for removal and no further recommendations were identified. A review of the monitoring calendar revealed the dates were marks for the days any reviews should be conducted according to the monitoring schedule.	F 490			