STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185049	A. BUILDING _____ B. WING _____	R-C 03/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUBURN HEALTH CARE	139 PEARL ST. AUBURN, KY 42206

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{F 000}	INITIAL COMMENTS A Revisit Survey (KY #22544) was conducted on 03/03/15 and determined the facility was in compliance on 02/06/15, as alleged.	{F 000}		

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 000	INITIAL COMMENTS An Abbreviated Survey investigating complaint KY22524 was conducted on 11/25/14 through 11/26/14 and a Partial Extended Survey was conducted on 12/10/14 through 12/12/14. Complaint KY22524 was substantiated with deficiencies cited at the highest Scope and Severity of a "J". On 11/23/14, during a designated smoke break, at approximately 1:05 PM, Resident #1, whom the facility had assessed as an elopement risk, exited the facility without staff knowledge. Resident #1 was observed by two (2) staff members, on 11/23/14 at approximately 1:15 PM, standing outside the exit door of the 200 Wing attempting to get back into the facility. Resident #1 was escorted back into the facility by Certified Nursing Assistant (CNA) #3 and CNA #4. The facility's investigation revealed a staff member silenced the Care Trak transmitter alarm at the breezeway during the smoke break process which allowed Resident #1 to exit the facility without staff knowledge. Immediate Jeopardy (IJ) was identified in the areas of CFR 483.20 Resident Assessment at F282 and CFR 483.25 Quality of Care at F323. Substandard Quality of Care was identified at CFR 483.25 at F323. Immediate Jeopardy was identified on 11/26/14 and was determined to exist on 11/23/14. The facility was notified of the Immediate Jeopardy (IJ) on 11/26/14. An acceptable Allegation of Compliance (AoC) was received on 12/10/14 and the State Survey Agency validated the Immediate Jeopardy was removed on 11/28/14, as alleged. The Scope and Severity was lowered to a "D" while the	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Diane Miller — TITLE: Asst. Administrator — (X6) DATE: 2/6/15

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 facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.	F 000		
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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy, it was determined the facility failed to provide services by qualified personnel according to the written plan of care for one (1) of three (3) sampled residents (Resident #1), related to supervision. The facility assessed and care planned Resident #1 as being at risk for elopement. Interventions included to distract the resident when he/she was wandering and exit seeking. However, on 11/23/14 Resident #1 was noted wandering throughout the building and attempting to go out an exit door. There was no documented evidence staff attempted to distract the resident, as per the resident's care plan. At approximately 1:15 PM, Resident #1 was noted outside the exit door of the 200 Wing by two (2) staff members, Certified Nursing Assistant (CNA) #3 and CNA #4. The facility's failure to ensure care and services were provided according to the resident's care	F 282	***F282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN*** ***The corrective actions accomplished for those residents found to have been affected by the deficient practice were:*** • On 11/23/14, the RN Charge Nurse on duty completed a full body assessment including vitals on Resident #1 with no injuries noted. • Resident #1 was monitored and assigned 1:1 sitter 11/23/14 to ensure safe wandering throughout the facility. • Resident #1 remains 1:1 with a sitter and she will remain 1:1 for the duration of her stay at the facility unless she is discharged or has a total change of status that prevents her from ambulating or wandering in wheelchair. If a change of status should occur, she will be reassessed and her care trak bracelet removed, care plan updated to reflect the change of status and she will no longer be considered an elopement risk. • RN Charge Nurse completed an unusual occurrence report and documented in Resident #1 medical record 11/23/14 noting that it was raining outside and Resident #1's clothes were dry.	2/6/15

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F 282	Continued From page 2 plan has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 11/26/14 and determined to exist on 11/23/14. The facility was notified of the Immediate Jeopardy on 11/26/14. An acceptable Allegation of Compliance (AoC) was received on 12/10/14 and the State Survey Agency validated the Immediate Jeopardy was removed on 11/28/14, as alleged. The Scope and Severity was lowered to a "D" while the facility develops and implements the Plan of Corrections (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes. The findings include: Review of the facility's policy titled, "Elopement of Patient", revised 10/27/12, revealed "An elopement care plan is developed to include preventative elopement interventions. Further review revealed all staff is informed/educated to 'at risk' residents' status and care plan interventions to reduce/prevent elopement." Record review revealed the facility admitted Resident #1 on 07/22/14 with diagnoses which included Dementia, unspecified, with behavioral disturbance, unspecified Hypothyroidism, Epilepsy, Hypertension, and Osteoarthrosis. Review of the Quarterly Minimum Data Set (MDS) assessment, dated 10/30/14, revealed the facility assessed the resident's cognition as severely impaired with a Brief Interview for Mental Status (BIMS) score of zero (0) which indicated the resident was not interviewable. Review of the Elopement Risk Assessment, dated 10/30/14, revealed Resident #1 was identified at risk for elopement.	F 282	• The MDS Coordinator revised Resident #1 Elopement care plan and interventions on 11/26/14 from (1). Resident will not leave the facility unattended through the review date to (1). Resident will wander safety within the environment as evidence by no falls or injury through review date. • The Social Services Director updated Resident #1's Elopement Assessments 11/24/14. • The House Supervisor audited Point Click Care (electronic medical records) on 11/26/14 to ensure that Resident #1 was care planned for a care trak bracelet. • Administrator attempted to interview Resident #1 11/24/14 without success. • On 11/24/14, Administrator researched and verified that the outside temperature at the time of incident was 63 degrees F and raining. • LPN checked all doors and ensured they were alarming and functioning properly 11/23/14. • RN Charge Nurse notified ADON, Interim Administrator, POA, and MD of the incident 11/23/14. • The 2 SRNA's who opened the 200 hall door and let Resident #1 back into the building and the SRNA responsible for the smoke break at the time of the incident wrote out statements	

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F 282	Continued From page 3 Review of Resident #1's Comprehensive Care Plan, dated 07/28/14, revealed the resident was considered at risk for elopement related to impaired safety awareness and diagnosis of Alzheimer's Disease. Further review revealed the goal stated, "Resident will not leave the building unattended". Interventions included for staff to distract resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, and books the resident prefers and, to intervene as appropriate. Review of the facility's Unusual Occurrence Report, dated 11/23/14, revealed Resident #1 was witnessed coming in from outside at the 200 Wing West entry. Further review revealed the Care Trak did not alarm when Resident #1 came through the door. Review of the witnesses' written statements revealed CNA #3 and CNA #4 witnessed the incident and documented the Care Trak alarm did sound once the resident was back in the building. Further review of the Report revealed it was unknown which door the resident exited. Observations of Resident #1, on 11/25/14 at 1:35 PM; and, on 11/26/14 at 10:50 AM, revealed the resident was ambulating throughout the facility at a fast pace. A Care Trak bracelet was noted to the resident's right ankle. On 11/26/14 at 11:00 AM, the resident attempted to exit the building with other residents who were going out to participate in a smoke break. The Sitter, assigned to Resident #1, redirected the resident from walking out to the breezeway with the residents that were smoking. Interview with CNA #4, on 11/25/14 at 3:40 PM,	F 282	about the incident 11/23/14. • On 11/24/14, the Administrator personally interviewed & questioned the licensed staff and SRNA's working at the time of the incident. ***How the facility identified other residents having the potential to be affected by the same deficient practice was:*** • MDS Coordinator reviewed and revised all 10 residents at risk for Elopement care plan goals and interventions on 11/27/14 to establish more attainable goals. • Prior to 11/27/14, the care plan team determined that all 10 residents assessed to be at risk for elopement had goals implemented that said they were, "Not to leave the facility unassisted through the next review date." On 11/27/14, the MDS Coordinator changed that goal to a more attainable goals specific for each resident. • The MDS Coordinator updated each and every resident in the facilities elopement assessment 11/26/14 to determine if anyone else needed a care trak bracelet and to be care planned for elopement. There were no additional residents assessed to be at risk for elopement. • The Social Services Director updated the Elopement Assessments of all other residents currently assessed to be at risk for elopement 11/24/14. • ***The Administrator, DON, MDS Coordinator, ADON, House Supervisor, Medical Records completed an audit of all current resident care plans 2/5/15 to ensure a care plan was implemented.***	

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F 282	Continued From page 4 revealed on 11/23/14 (Sunday) at approximately 1:00 PM to 1:15 PM, she and CNA #3 noted Resident #1 attempting to enter the building at the 200 Wing exit door. Further interview revealed Resident #1 was escorted back into the building. Because of Resident #1's impaired cognition, the resident was not able to identify how he/she got outside the building. Interview with Medication Aide (MA) #1, on 11/25/14 at 2:55 PM, revealed she noticed Resident #1 walking throughout the facility on 11/23/14. She stated it was approximately 1:00 PM the last time she saw him/her. Further interview revealed she witnessed Resident #1 go to the exit door and stick his/her head out of the door; however, the resident turned around and left the exit door when the Care Trak alarm sounded. MA #1 was unable to identify the time of the incident. Further interview revealed she did not utilize the care plan intervention to redirect the resident. Interview with Registered Nurse (RN) #1, on 11/25/14 at 3:05 PM, revealed she was the 100 Wing Charge Nurse on 11/23/14 when Resident #1 exited the facility. RN #1 stated the last time she saw Resident #1 prior to the elopement, was at approximately 1:00 PM or 1:05 PM. She stated the resident was wandering past the Nurse's Station on the 100 Wing drinking a carton of milk. Interview with CNA #2, on 11/26/14 at 1:25 PM, revealed she was the CNA assigned to care for Resident #1 on 11/23/14 on day shift. She stated the last time she saw Resident #1 prior to the resident exiting the building, without staff knowledge, was at 11:45 AM walking in the hallway of the 100 Wing. She stated Resident #1	F 282	• The MDS Coordinator updated the Elopement Risk Assessment for all other residents who were *not* previously assessed to be at risk for elopement on 11/26/14 to ensure that none of them needed a care trak bracelet and an elopement care plan implemented. • The House Supervisor completed an audit in Point Click Care (electronic medical records) on 11/26/14 to ensure that all current (10) resident assessed to be at risk for elopement had the task "wear a care trak bracelet" on a daily basis are included in the Nurse Aide care plan tasks. ***The measures/systematic changes put into place to ensure the deficient practice does not recur are:*** • All staff were in-serviced on the system & policy changes made to the Care Plan Policy with emphasis on following the care plan along with the changes made to the Elopement/Care Trak and Smoking policies 11/26/14—11/27/14 by the House Supervisor, ADON, and Maintenance Director. The questions were true/false pertinent to all staff on the changes: Those receiving the training were: Department heads, Licensed Nurses, certified medication aides, SRNA, Environmental Services, Activity Director and Activity Assistant, Dietary Manager,	

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F 282	Continued From page 5 wanders and was considered an elopement risk. CNA #2 further revealed Resident #1 was care planned as an elopement risk and had a Care Trak bracelet. She stated if the resident attempted to leave the facility the Care Trak would go "off " unless the alarm was de-activated at the exit doors. Further interview revealed CNA #2 was serving lunch trays and did not intervene or distract Resident #1 while he/she was walking in the hallway. Interview with Assistant Director of Nursing (ADON) on 11/26/14 at 4:00 PM, revealed on 11/23/14 between approximately 1:15 P.M. to 1:30 PM, she received a call from RN #1 reporting Resident #1 was standing at the 200 Wing back door trying to get back into facility. Further interview revealed RN #1 was unsure how, when, or where Resident #1 exited the facility. The ADON stated she would expect staff to provide activity for Resident #1 when he/she was noted wandering to keep him/her focused on a task or alternate diversion, per the care plan. Interview with the Administrator, on 11/26/14 at 5:15 PM, revealed she received a call, on 11/23/14 around 1:30 PM from RN #1, informing her Resident #1 got out the building without staff's knowledge and was only witnessed attempting to get back into facility. Further interview revealed Resident #1 was not observed when the other residents were taken to the breezeway to smoke at the 1:00 PM break. The Administrator revealed during her investigation of the incident it was identified CNA #1 silenced the Care Trak alarm at the exit door while assisting residents out to the breezeway to smoke. She further stated any resident with a Care Trak bracelet could exit the facility without the alarm sounding. The	F 282	Social Services Director, Office Manager, Medical Records, and all PRN staff. Each staff member was asked to take a written exam on the system changes made to the policies and required to make 100%. All staff tested with 100% accuracy. • The additions made to the Care Plan goals & intervention policy was: o Point Click Care will be updated as needed to reflect goal and intervention changes when goals and interventions are not being met. The resident's care plan will be modified when goals and interventions become unattainable. • The additions and system changes made to the Elopement Policy were: o The Activity Director takes pictures of all the residents wearing a care trak bracelet and updates them as needed. Then, the Activity Director puts a picture in the smoke box that contains the resident's smoking material. The Activity Director also hangs one of these pictures in the staff lounge, the staff restroom and in each	

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F 282	Continued From page 6 Administrator stated the elopement could be prevented by staff checking all areas prior to disarming the Care Trak alarm. Further interview with the Administrator, on 11/26/14 at 6:30 PM, revealed Resident #1's care plan identified interventions to divert/distract the resident when he/she was noted wandering aimlessly. Further interview revealed her expectation was for staff to utilize interventions listed in the care plan, by providing a structured activity and intervene as appropriate, to distract the resident from wandering The facility implemented the following actions to remove the Immediate Jeopardy: 1. RN #1 completed a full body assessment, including vital signs, on Resident #1 on 11/23/14, with no injuries noted. 2. RN #1 notified the ADON, Interim Administrator, Power of Attorney (POA), and Medical Director (MD) of the elopement on 11/23/14. 3. RN #1 completed an unusual occurrence report and documented in the resident's medical record. She indicated that it was raining outside and the resident's clothes were dry on 11/23/14. 4. Resident #1 was monitored and assigned a 1:1 sitter on 11/23/14. 5. LPN #1 checked all door alarms to ensure proper functioning on 11/23/14. Further interview revealed all exit doors did not exhibit any malfunction with the Care Trak transmitter alarm system.	F 282	department to ensure that each and every staff member is aware of the residents who are at risk for wandering. • The additions made to the Care Trak policy & system was: o The weekend charge nurse is responsible for testing/checking the care trak doors to ensure they are sounding & functioning properly. The charge nurse also documents on the same form used by the Maintenance Director during the week (the care trak monitoring sheet) the results of her check. If a door does not function properly, he/she assigns a staff member 1:1 to monitor that door until it is repaired, initiates a head count of all residents & calls the Maintenance Director to come to the facility to fix it. Prior to 11/26/14, there was no documentation that the doors were being tested on the weekends. • The system changes made to the Smoking policy were: o The charge nurse now assigns 2 staff	

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F 282	Continued From page 7 6. All doors and all residents wearing a Care Trak were rechecked by the Maintenance Director for proper functioning on 11/24/14. All Systems were functioning. 7. The Administrator and Quality Assurance Team consulted and involved the Medical Director in all aspects of the process; including notification of the elopement, conference calls, Quality Assurance meetings, the plan of action, the issuance of Immediate Jeopardy, and any recommendation/suggestions made by the team and Medical Director about changes to the facility's policies and system changes to remove the immediate jeopardy. 8. Resident #1's care plan was reviewed and updated on 11/24/14 by the Social Service Director. The Administrator reviewed and updated Resident #1 Elopement Risk Assessment on 11/24/14. 9. The MDS Coordinator revised Resident #1's Elopement Care Plan and interventions on 11/26/14 to include: Resident will wander safely within the environment as evidenced by no falls or injury through review date. On 11/27/14, MDS Coordinator reviewed and/or revised elopement care plan goals for ten (10) residents the facility assessed to be at risk for elopement. 10. The Social Services Director (SSD), on 11/24/14, reviewed and updated Resident #1's care plan. The SSD also updated Elopement Risk Assessments for all other residents who were assessed to be at risk for elopement 11. The House Supervisor completed an audit in	F 282	members to assist the residents outside to smoke instead of 1 staff member. The additional staff member is to watch the residents exit and reenter the building safely. o The laundry carts are not to block the view from the breezeway to the 200 hall door. • New staff members also receive a copy of the elopement and care trak policy in their employee packet. New employees receive training during their orientation period from the department heads who have been instructed to go into great detail when it comes to in-servicing on the elopement policy including the care plans, care trak system, and smoking rules. In-service training is conducted during the monthly staff meeting for all staff and periodically as needed. • Quality Assurance form N-19 titled, "Assessment & Care Planning" was reviewed by the Administrator 11/27/14 and includes numerous questions necessary to ensure that individualized care plans & interventions are implemented and revised on the MDS and the nurse aide care plans and cardex—pertaining to: Assessments & Care Plans-, Frequency, Accuracy,	

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F 282	Continued From page 8 Point Click Care (electronic medical records), on 11/26/14, to ensure the ten (10) residents assessed at risk for elopement had "Wear Care Trak bracelet" included in their tasks on a daily basis. 12. On 11/26/14, the Administrator counseled CNA #1 for failure to monitor the residents during the smoke break. The DON counseled RN #1 for failure to supervise and keep residents who wander safe. The Corporate Compliance officer counseled the Administrator for failure to follow State and federal nursing home regulations and ensure the facility's policies were being followed. 13. On 11/26/14, the Facility Orientation form used by Department Heads to orient new staff was updated by the Administrator to include information regarding the following: Elopement, Care Trak, Care Plans, and Smoking Policy. 14. On 11/27/14, the Maintenance Director and ADON, inserviced all licensed staff on how to check exit doors for proper functioning using the Care Trak transmitter and documenting on the Care Trak Monitor log. 15. On 11/25/14, in-service training was initiated on the Elopement and Care Trak policy by the House Supervisor, MDS Coordinator, and ADON to educate on the facility's policy revisions and system changes. 16. On 11/26/14, the Administrator, DON, ADON updated the Elopement, Care Trak, Care Plan, and system changes were made to the Smoking Policy. 17. The Housekeeping Supervisor in-serviced	F 282	Completing of Care Plans, Signing MDS, Family/Resident participating in care plans, Interdisciplinary approach, Measurable/Attainable goals, Time frame for achievable goals, reasons for lack of met goals and alternative interventions, staff's knowledge about goals & interventions are among some of the questions asked. ***The facility plans to monitor its performance to ensure the solutions are sustained are:*** • ***To ensure that the Elopement care plan interventions are being implemented and monitored, the Care Plan Team will hold a care conference for each resident quarterly or as needed and make changes to goals that are unattainable or no longer pertinent to the resident.*** • Quality Assurance form N-19 titled "Assessment & Care Planning" was completed 11/27/14, 12/4/14, 12/11/14, 12/18/14 and 1/18/15 for all residents assessed to be at risk for elopement by the MDS Coordinator. • Quality Assurance form N-19 titled, "Assessment & Care Planning" will be completed monthly for another 2 months, then per CQI schedule by the MDS Coordinator.	

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F 282	Continued From page 9 housekeeping staff on 11/26/14 on placing the dirty linen cart in a different location. 18. On 11/25/14, Quality Assurance form N-24 titled, "Elopement" was reviewed and revised by Administrator to include the question, "Has Care Trak been added to the task in Point Click Care". 19. On 11/27/14, Quality Assurance form N-19 titled, "Care Plans", was reviewed by the Administrator and completed by the MDS Coordinator. 20. On 11/26/14 through 11/27/14, all staff was in-serviced on the system changes made to the revised Elopement, Care Trak, and Smoking Policy to include: Department Heads, Licensed Nurses, Certified Medication Aides, CNAs, Environmental Services, Activity Director, and Activity Assistant, Dietary Manager, Social Services Director, Office Manager, Medical Records, and all PRN staff. The in-service was conducted by the House Supervisor, ADON, Maintenance Director, and MDS Coordinator. Staff in-serviced on the following system changes: The Charge Nurse assigns (2) staff members to take the residents out to smoke. The additional staff member's responsibility is to watch each resident exit and re-enter the building safely. The weekend Charge Nurse is responsible for checking and documenting that Care Trak doors are functioning properly. All newly hired staff will receive orientation on the revised Facility Orientation Form. The dirty linen carts are not to block the view of the 200 Wing Hall door from the smoking area.	F 282	• Care plan interventions are discussed during in-service training on the elopement policy. • The department heads and the Administrator meet each week day morning to discuss issues that occurred since the previous day's meeting. Issues are dealt with as they arise, not just in QA meetings. QA issues arise during Resident Council meetings, from families, residents, staff and visitors. • The QA team consist of: Administrator, Director of Nursing, Assistant Director of Nursing, House Supervisor, Social Service Director, Activity Director, Housekeeping Supervisor, Maintenance Director, Dietary Manager, Floor Staff, Medical Director, Physical, Speech & Occupational Therapist and other staff, pharmacist, residents and family members depending on the resident and/or situation. • All staff, residents, family, visitors can report issues to anv member of the QA team-which consist of everyone. • The person completing the QA form reports their finding and any actions implemented to the QA team monthly. • Issues that require an in dept review will be addressed in the same way a state or federal statement of deficiencies is addressed on an Action Plan.	

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F 282	Continued From page 10 21. The Maintenance Director and ADON, on 11/27/14, demonstrated and re-inserviced all licensed staff on how to check the exit doors for proper functioning using the Care Trak transmitter and how to document on the Care Trak Monitoring Sheets. 22. The Quality Assurance form N-24, "Elopement", will be completed weekly for all residents assessed to be at risk for elopement for four (4) weeks and monthly thereafter for three (3) months, then per the CQI schedule by the Social Services Director. 23. Quality Assurance form N-19 titled, "Care Plans", will be completed weekly for all residents to be at risk for elopement for four (4) weeks and monthly thereafter for three (3) months, then per the CQI schedule by the MDS Coordinator. The State Survey Agency validated the corrective actions taken by the facility as follows: 1. Review of Resident #1's chart, on 12/10/14 at 4:45 PM, revealed on 11/23/14 at 1:15 PM, a full body assessment including vital signs were completed by RN #1. 2. Interview with ADON, on 12/12/14 at 9:45 AM, revealed she received a call from RN #1, on 11/23/14 at approximately 1:15 to 1:30 PM, informing her of Resident #1 elopement. Interview with Interim Administrator on 12/12/14 at 10:00 AM, revealed on 11/23/14 at 1:30 PM, she received a call from RN #1 informing her of Resident #1 elopement. Interview with Resident #1 POA/husband, on 11/26/14 at 1:45 PM, revealed on Sunday 11/23/14 at 2:00 PM he	F 282	• *The Quality Assurance forms ask questions related to the title of the form, such as "Assessment & Care Planning." The department head or licensed staff member responsible for completing the form is to research through medical records, observation or questioning in order to answer the questions. The form may require a snap shot of all residents in a certain group (tube feeders, diabetics, wanderers, etc) or a percentage of residents in the facility. The questions require a "yes, no or NA response." Each form has a threshold percentage of compliance to meet. If the threshold is not met, the staff member completing the form or several members of the team develops & implements a written Action Plan consisting of the issues found, goals, interventions, a dead line for completion of tasks and who is responsible to complete the task to quickly get back into compliance with the policy -- usually within 10 days. Most QA forms are completed quarterly, but when a threshold is not met—the form is completed again the next month to ensure that the facility maintains compliance.*	

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F 282	Continued From page 11 received a call from RN #1 informing him Resident #1 got outside the facility without staff knowledge. Interview with Resident #1's Primary Care Physician (PCP) and the facility's Medical Director, on 11/26/14 at 2:00 PM, revealed she was notified on 11/23/14 of Resident #1's elopement. 3. Review of the facility's investigation revealed RN #1 completed an unusual occurrence report, on 11/23/14, regarding Resident #1's elopement and documented the incident in the resident's medical record. 4. Review of Resident #1's chart and staff assignment sheet revealed Resident #1 was assigned a 1:1 sitter, on 11/23/14 and continued with a 1:1 sitter. 5. Interview with LPN #1, on 12/11/14 at 3:20 PM, revealed on 11/23/14 she checked the Care Trak exit doors for proper functioning after the elopement incident without any malfunction of the doors noted. 6. Interview with the Maintenance Director, on 12/11/14 at 12:50 PM, revealed on 11/24/14 he checked all the exit doors and residents wearing a Care Trak device for proper functioning. He revealed all systems functioned properly. 7. Interview with the Medical Director, on 12/12/14 at 11:20 AM, revealed the QA Committee meets every third Wednesday of the month and as necessary. She stated she was aware of the facility's policy and system changes related to Elopement, Care Trak, Smoking, Care Plans, and Immediate Jeopardy cited on 11/26/14.	F 282		

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F 282	Continued From page 12 8. Review of Resident #1's elopement care plan revealed a revision dated 11/24/14 by Social Services Director (SSD). Interview with SSD, on 12/11/14 at 1:45 AM, revealed she updated Resident #1's elopement care plan 11/24/14 following the elopement on 11/23/14 with the following interventions: 1:1 sitter with the sitter to remain with resident. Review of Resident #1's Elopement Risk Assessment revealed it was updated on 11/24/14 by the Administrator. Interview with the Administrator, on 12/12/14 at 10:00 AM, revealed she reviewed and updated Resident #1 Elopement Risk Assessment on 11/24/14. 9. Interview with the MDS Coordinator, on 12/11/14 at 8:55 AM, revealed she revised Resident #1's Elopement Care Plan and interventions on 11/26/14 to include: "Resident will wander safely within the environment as evidenced by no falls or injury through review date". Further interview revealed she revised ten (10) residents' care plan goals that had been assessed as at risk for elopement. Review of the ten (10) residents that have Care Trak transmitters, their elopement care plans were reviewed, on 12/11/14, with a new intervention added "Wander Alert" with Care Trak device number added to Resident #1's elopement care plan. 10. Review of the Elopement Risk Assessments of the remaining residents assessed as elopement risk revealed SSD updated elopement risk assessments on 11/24/14. 11. Interview with the House Supervisor, on 12/12/14 at 9:30 AM, revealed an audit in Point	F 282		

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F 282	Continued From page 13 Click Care (electronic medical record) was conducted 11/26/14 to ensure that current residents assessed to be at risk for elopement had "wear a Care Trak bracelet" included to the daily task. 12. Interview with CNA #1, on 12/11/14 at 2:30 PM, revealed she was counseled by the Administrator regarding elopement and failure to monitor residents during smoke break. Further interview revealed she was in-serviced regarding policy/system changes to include: elopement, Care Trak, smoking policy, and new location of linen storage. CNA #1 was able to identify changes to policies/system. Interview with RN #1 on 12/11/14 at 12:00 PM, revealed she was counseled by the DON regarding failure to ensure safety of residents that wander. Interview with the Administrator, on 12/12/14 at 10:00 AM, revealed she was counseled by the Corporate Compliance Officer for failure to follow State and federal nursing home regulations and failure to ensure facility policies were being followed. All counseling was verified through documentation on 11/26/14. 13. Review of the Facility Orientation form that Department Heads use to orient new staff, last revised 11/26/14, verified it included information on the following: elopement, Care Trak, care plans, and smoking policy. 14. Review of the in-service training log, dated 11/26/14, revealed all staff was re-inserviced to include: proper functioning of the Care Trak transmitter and documentation on the Care Trak Monitoring sheets. In-service training was conducted by the ADON, Housekeeping Supervisor, MDS Coordinator, and Maintenance	F 282		

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F 282	Continued From page 14 Director with 100% staff participation. Interview with CNA #1, on 12/11/14 at 2:30 PM, revealed she would float between all shifts and units. Further interview revealed she was re-educated, on 11/26/14, on policy revisions and changes to include: Smoke Break; (2 staff members are assigned to supervise residents who smoke rather than one (1) staff. First staff member is to gather "smoker notebook" to identify all residents that are allowed to smoke in breezeway. The staff member with the notebook will verify all residents listed in the notebook are the only residents to be in the breezeway at the designated smoking times. The second staff member will assist in getting residents with smoking privileges to the breezeway and re-activate the Care Trak alarm system at breezeway exit door. She also stated the facility designed a notebook updated with pictures of each resident that smoked. The notebook was to be utilized at each designated smoke break. CNA #1 also stated she was in-serviced on elopement, Care Trak, and location change of the dirty linen storage cart. She revealed the new location of dirty linen cart storage allows staff to see the entire breezeway area when residents were smoking. CNA #1 further revealed that Care Trak alarm will not be silenced while residents exit the building to smoke. Further interview revealed the second staff member is to re-activate the Care Trak alarm after residents participating in smoke break are in breezeway. Interview with LPN #1, on 12/11/14 at 3:20 PM, revealed her normal work shift is 3 PM-11 PM. She revealed she received in-service training on 11/26/14 conducted by the ADON, House Supervisor regarding policy changes on	F 282		

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F 282	Continued From page 15 elopement, Care Trak, smoke breaks and care plans. Interview with LPN #2, on 12/12/14 at 8:30 AM, revealed her normal work shift is 11 PM-7 AM as a Charge Nurse. Further interview revealed she received in-service training on 11/26/14 regarding policy changes implemented to include: elopement, Care Trak, care plans, smoke break and location change of dirty linen storage 16. Interview with the Administrator on 11/26/14 at 5:15 PM revealed training was initiated on 11/25/14 on the Elopement policy and Care Trak policy by House Supervisor, MDS Coordinator, and ADON to discuss policy revisions and system changes. Review of the in-service training record and sign in sheet verified. Interview with the MDS Coordinator, on 12/11/14 at 8:55 AM, revealed she received in-service training on 11/27/14 in group setting with the Department Heads. Further interview revealed in-service training was conducted by the Administrator on topics to include: Care Trak, Elopement, Care Plan policy revisions. She revealed she was in-serviced on the following revisions: Care Trak, residents with Care Trak alarms have been added to the smoke book for staff to identify all residents to be in the breezeway at designated smoke breaks. The Charge Nurse on weekends and holidays will check to ensure the proper function of Care Trak alarm at exit doors and document in monitor log. The DON will collect and monitor the log on Monday mornings. The Maintenance Director will continue to check the function of Care Trak alarm at the exit doors Monday through Friday and document in the monitor log. The Administrator	F 282		

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F 282	Continued From page 16 will assign a designated person in the absence of the Maintenance Director. Interview with the ADON, on 12/12/14 at 9:40 AM, revealed she received in-service training, on 11/24/14. She revealed she received further in-service training on 11/27/14 with all Department Heads and in-service training was conducted by the Administrator. Further interview revealed in-service training consisted of policy revisions and system changes implemented regarding elopement, Care Trak, care plans, and system changes regarding smoke break. The ADON stated all residents with Care Trak transmitters, care plans were updated to include Care Trak device number and goal revised. 16. Review of the Elopement, Care Trak, Care Plan and system revealed changes were made to the facility's Smoking Policy, revision date of 11/26/14. 17. Observation on 12/11/14 revealed the dirty linen cart was moved so there was a complete view of the breezeway perimeter. 18. Review of Quality Assurance form N-24 titled, "Elopement", was revised, 11/25/14 and included, "Has Care Trak been added to the task in Point Click Care". 19. Review of Quality Assurance form N-19 titled, "Care Plans", was completed by the MDS Coordinator on 11/27/14. 20. Interview with the Administrator, on 11/26/14 at 10:00 AM, revealed on 11/26/14 and 11/27/14, all staff was re-educated. The re-education included the facility's revision of policies/system	F 282		

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F 282	Continued From page 17	F 282		

changes on elopement, Care Trak, care plans, and smoking policy revision. Each employee completed a post test to validate learning with 100% pass rate. Education was verified by viewing the in-service sign-in sheets and post test packets were reviewed on 12/11/14.

21. Interview with the Maintenance Director, on 12/11/14 at 12:50 AM, revealed he was re-educated regarding proper function of the Care Track transmitter on 11/26/14. Further interview revealed he and the ADON conducted in-service training to all staff 11/26/14 through 11/27/14. The in-service training was verified by a sign in sheet with staff members signatures beginning 11/26/14 through 11/27/14.

Interview with RN #2, on 12/11/14 at 12:20 PM, revealed her normal work shift is 7 AM to 7 PM on the weekend. Further interview revealed she was in-serviced 11/26/14 by the ADON, Maintenance Director on policy revisions which included: Care Trak, charge nurse to check exit doors for proper functioning on the weekend, document on monitor log. Care Plans, all residents with Care Trak transmitter, device number added to elopement care with goal revised. Smoking policy, system revised, charge nurse to assign two (2) staff members to take residents to the breezeway for designated smoke break and staff assigned to residents who smoke are to always use the "Smoker notebook" with the residents' picture to identify residents that participate in smoke breaks. She further revealed the dirty linen cart storage location was changed to allow clear view of the breezeway perimeter.

Interview with RN #1, on 12/11/14 at 12:30 PM, revealed she received in-service training on

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F 282	Continued From page 18 11/26/14 regarding policy changes which include: elopement, Care Trak, care plans, smoking policy revisions. 22. Interview with the Administrator on 12/12/14 at 10:00 AM, revealed Quality Assurance form N-24, "Elopement", will be completed weekly for all residents assessed to be at risk for elopement for four (4) weeks and monthly thereafter for three (3) months, then per CQI schedule by the SSD. 23. Interview with the Administrator on 12/12/14 at 10:00 AM, revealed Quality Assurance form N-19 titled "Care Plans" will be completed weekly for all residents assessed to be at risk for elopement for four (4) weeks and monthly thereafter for three (3) months, then per CQI schedule by the MDS Coordinator.	F 282		
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 observation, interview, record review and review of the facility's policy and procedure, it was determined the facility failed to provide adequate supervision and assistive devices to prevent accidents for one (1) of three (3) sampled	F 323	***F323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVION/DEVICES*** ***<u>The corrective actions accomplished for those residents found to have been affected by the deficient practice were:</u>*** • On 11/23/14, the RN Charge Nurse on duty completed a full body assessment including vitals on Resident #1 with no injuries noted. • Resident #1 was monitored and assigned 1:1 sitter 11/23/14 to enable her to maneuver throughout the facility safely. • Resident #1 remains 1:1 with a sitter and she will remain 1:1 for the duration of her stay at the facility unless she is discharged or has a total change of status that prevents her from ambulating or wandering in wheelchair. If a change of status should occur, she will be	2/6/15

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F 323	Continued From page 19 residents (Resident #1). On 11/23/14, during the 1:00 PM smoke break, Resident #1, whom the facility assessed as an elopement risk, exited the facility without staff's knowledge. Resident #1 was observed by Certified Nursing Assistant (CNA) #3 and CNA #4, on 11/23/14 between 1:00 to 1:15 PM, attempting to enter the facility through the back door of the 200 Wing. The facility was unable to determine how the resident exited the building unsupervised. (Refer to F282) The facility's failure to provide supervision to prevent accidents has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 11/26/14 and determined to exist on 11/23/14. The facility was notified of the Immediate Jeopardy on 11/26/14. An acceptable Allegation of Compliance (AoC) was received on 12/10/14 and the State Survey Agency validated the Immediate Jeopardy was removed on 11/28/14, as alleged. The Scope and Severity was lowered to a " D " while the facility develops and implements the Plan of Corrections (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes. The findings include: Review of the facility's policy titled "Elopement", last revised 10/27/12, revealed the definition of Elopement as "When a resident leaves the premises or a safe area without authorization and /or necessary supervision to do so." Further review of the Policy Interpretation and Implementation (Section 1) revealed, "Upon admission and/or readmission to the facility the	F 323	reassessed and her care trak bracelet removed, care plan updated to reflect the change of status and she will no longer be considered an elopement risk. • RN Charge Nurse completed an unusual occurrence report and documented in Resident #1 medical record 11/23/14 noting that it was raining outside and Resident #1's clothes were dry. • The MDS Coordinator revised Resident #1 Elopement care plan and interventions on 11/26/14 from (1). Resident will not leave the facility unattended through the review date to (1). Resident will wander safety within the environment as evidence by no falls or injury through review date." • The Social Services Director updated Resident #1's Elopement Assessments 11/24/14. • The House Supervisor audited Point Click Care (electronic medical records) on 11/26/14 to ensure that Resident #1 was care planned for a care trak bracelet. • Administrator attempted to interview Resident #1 11/24/14 without success.	

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F 323	Continued From page 20 resident/family/responsible party and/or the referring facility are interviewed regarding known history of wandering/elopement. If a resident is identified as a potential wanderer he/she will be issued a Care Trak bracelet, as appropriate. The elopement assessment is reviewed/revised quarterly and with any significant change of condition as well as with any actual elopement event. An interdisciplinary Care Plan is developed to include preventive elopement interventions. All staff is informed/educated to "at risk" residents' status and care plan interventions to reduce/prevent elopement." Review of Section 4.) revealed, "The weekend Charge Nurse is responsible for documenting and checking of the Care Trak transmitters and all Care Trak door alarms to ensure the system is functioning properly. All residents at risk for elopement who smoke are identified by pictures in the smoking book. Staff members assigned to smoke breaks are responsible for reviewing the pictures in the binder, to ensure that any non-smokers have not exited the building. Any nonsmokers who are at risk for elopement will be identified as well." Review of the facility's Care Trak Policy, not dated, revealed keypads are located at all doors leading outside which are accessible to residents, with the exception of the kitchen and dining room doors. Residents who are at an optimum risk for wandering will be issued a Care Trak transmitter wrist/ankle band. The door activated must be checked immediately. The alarm is not de-activated until the premises surrounding the alarming door are searched. Transmitter batteries will be checked to make sure batteries are charged on a daily basis. Record review revealed the facility admitted	F 323	• On 11/24/14, Administrator researched and verified that the outside temperature at the time of incident was 63 degrees F and raining. • LPN checked all doors and ensured they were alarming and functioning properly 11/23/14. • RN Charge Nurse notified ADON, Interim Administrator, POA, and MD of the incident 11/23/14. • The 2 SRNA's who opened the 200 hall door and let Resident #1 back into the building and the SRNA responsible for the smoke break at the time of the incident wrote out statements about the incident 11/23/14. • Administrator notified OIG via fax using the Long Term Care Self-Reported Incident Form, Central Intake was notified via fax using the Central Intake Call Sheet, Local Law Enforcement was notified and the corporate office on 11/24/2014. • On 11/24/14, the Administrator personally interviewed & questioned the licensed staff and SRNA's working at the time of the incident. ***How the facility identified other residents having the potential to be affected by the same deficient practice was:*** • MDS Coordinator reviewed and revised all 10 residents at risk for Elopement care plan goals	

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F 323	Continued From page 21 Resident #1 on 07/22/14 with diagnoses which included Dementia, unspecified, with behavioral disturbance, Epilepsy, Hypertension, and Osteoarthrosis. Review of the Quarterly Minimum Data Set (MDS) assessment, dated 10/30/14, revealed the facility assessed the resident's cognition as severely impaired with a Brief Interview for Mental Status (BIMS) score of zero (0) which indicated the resident was not interviewable. Review of the Elopement Risk Assessment, dated 10/30/14, revealed the facility assessed Resident #1 to be at risk for elopement. Review of the Comprehensive Care Plan, dated 07/28/14, revealed the resident was considered an elopement risk related to impaired safety awareness and diagnosis of Alzheimer's Disease. The interventions included for staff to distract the resident from wandering by offering diversions, structured activities, food, conversation, television, and book of resident's choice and to intervene as appropriate. Review of the facility's Unusual Occurrence Report, dated 11/23/14 Resident #1 was witnessed coming in from outside at the 200 Wing West entry. Further review revealed the Care Trak was not alarming when Resident #1 reentered the building through the 200 Wing West door. CNA #3 and CNA #4 witnessed the resident come back in the facility. The CNAs stated the Care Trak alarm did sound once the resident was back in the building. However, staff was not aware which door the resident went out when he/she exited the building unsupervised.	F 323	and interventions on 11/27/14 to establish more attainable goals. • The MDS Coordinator updated the Elopement Risk Assessment for all other residents who were *not* previously assessed to be at risk for elopement on 11/26/14 to ensure that none of them needed a care trak bracelet or an elopement care plan implemented. • The House Supervisor completed an audit in Point Click Care (electronic medical records) on 11/26/14 to ensure that all current (10) resident assessed to be at risk for elopement had the task "wear a care trak bracelet" on a daily basis included in their Nurse Aide care plan tasks. • The Social Services Director updated the Elopement	

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F 323	Continued From page 22 Interviews with CNA #3, on 11/26/14 at 3:25 PM; and, CNA #4, on 11/25/14 at 3:40 PM, revealed on 11/23/14 at approximately 1:00-1:15 PM, the CNAs noted Resident #1 was outside and attempting to enter the facility at the 200 Wing exit door. The CNAs stated Resident #1 was escorted back into the building. However, Resident #1 was not able to identify how he/she got outside the building. The CNAs stated they were not aware the resident had exited the building. Interview with Licensed Practical Nurse (LPN) #1, on 11/25/14 at 2:20 PM, revealed she was the Charge Nurse working the 200 Wing on 11/23/14 at the time of Resident #1's elopement. LPN #1 stated CNA #3 and CNA #4 reported to her that Resident #1 was outside the back exit door on the 200 Wing. LPN #1 revealed Resident #1 was taken to the 100 Wing and the Charge Nurse of the 100 Wing was informed of the incident. She stated she was not aware the resident had exited the building, before she was notified by the CNAs. Interview with CNA #1, on 11/25/14 at 2:35 PM, revealed she escorted the residents out to the breezeway for a smoke break, on 11/13/14 at 1:00 PM. Further interview revealed Resident #1 doesn't smoke and did not exit the building with the other residents. CNA #1 stated when she took the "smokers" out she silenced the Care Trak transmitter alarm prior to exiting the building because three (3) of the residents who smoke, have Care Trak transmitters. She stated she failed to reactivate the Care Trak alarm while the residents were in the breezeway smoking. Interview with Medication Aide (MA) #1, on 11/25/14 at 2:55 PM, revealed she noticed	F 323	Assessments of all other residents currently assessed to be at risk for elopement 11/24/14. • On 11/24/14, the Maintenance Director rechecked all doors and the Care Trac bracelet worn by each resident for proper functioning. All systems functioned properly. ***The measures/systematic changes put into place to ensure the deficient practice does not recur are:*** • All staff were in-serviced on the system & policy changes made to the Elopement/Care Trak and Smoking Policy along with the changes made to the Care Plan policy 11/26/14—11/27/14 by the House Supervisor, ADON, and Maintenance Director. Those receiving the training were: Department heads, Licensed Nurses, certified medication aides, SRNA, Environmental Services, Activity Director and Activity Assistant, Dietary Manager, Social Services Director, Office Manager, Medical Records, and all PRN staff. Each staff member was asked to take a written exam on the system changes made to the policies and required to make 100%. All staff tested with 100% accuracy. • The Administrator re-educated the care plan team on the Care	

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F 323	Continued From page 23 Resident #1 walking throughout the facility on 11/23/14. MA #1 stated the last time she saw Resident #1 was at approximately 1:00 PM. She stated she witnessed Resident #1 go to the exit door and stick his/her head out of door. However, the resident turned around and left the exit door when the Care Trak alarm sounded. MA #1 was unable to identify what time this incident occurred. She stated she was not aware the resident had exited the building. Interview with CNA #2, on 11/26/14 at 1:25 PM, revealed she was the CNA assigned to care for Resident #1 on 11/23/14 on day shift. CNA #2 stated she last saw Resident #1 at 11:45 AM walking in the hallway of the 100 Wing prior to the elopement. She stated she was not aware the resident had exited the building. She revealed Resident #1 wanders and was considered to be an elopement risk. CNA #2 stated Resident #1 was care planned as an elopement risk and had a Care Trak bracelet. She further stated if a resident attempted to leave the facility, the Care Trak would "go off" unless the alarm was deactivated at the exit doors. Interview with Registered Nurse (RN) #1, on 11/25/14 at 3:05 P.M., revealed she was the 100 Wing Charge Nurse on 11/23/14 when Resident #1 exited facility. Further interview revealed RN #1 had gone to the "breezeway" when she received an overhead page from Licensed Practical Nurse (LPN) #1. RN #1 revealed she was informed of Resident #1's elopement upon response to the page, at approximately 1:10 PM. RN #1 stated she last saw Resident #1 between 1:00-1:05 PM and was not aware the resident had exited the building until she received the page. RN #1 revealed Resident #1's Care Trak	F 323	Plan policy 11/26/14 at which time, the MDS changed all the residents care plan goals who were assessed to be at risk for elopement care plan goals. The care plan team consisted of the MDS Coordinator, Social Service Director, Activity Director, DON, House Supervisor, Maintenance Director and Housekeeping Supervisor. • The Maintenance Director and ADON re- in-serviced all licensed staff on how to check the doors for proper functioning using the Care Trak transmitter and what needed to be documented on the Care Trak Monitoring Sheets 11/27/14. • The Housekeeping Supervisor in-serviced the housekeeping staff 11/26/14 on placing the dirty linen cart in a different location that did not block the view of the door on 200 hall from the breezeway. • The Elopement/Care Trak Policies was reviewed and revised by the Administrator, DON and ADON 11/26/14 to include:"The Maintenance Director or Administrator is responsible for checking the doors for proper functioning each day during the week. The addition of the weekend charge nurse checking the doors each day for proper functioning and documenting on the Care Track	

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F 323	Continued From page 24 transmitter function was assessed earlier during the shift without any concerns. Interview with the Maintenance Director, on 11/26/14 at 9:50 AM, revealed he checked the function of the Care Trak alarm at the exit doors daily, Monday through Friday, and documented his findings in the monitor log. He stated he was not aware of who was responsible for checking the function of the Care Trak alarm exit doors in his absence. He stated he was not contacted to assess the function of the Care Trak alarm system exit doors on 11/23/14. Interview with Resident #1's Spouse and Power of Attorney (POA), on 11/26/14 at 1:45 PM, revealed the nurse called him/her, on 11/23/14 (could not remember time), to inform him/her Resident #1 had exited the facility. Resident #1's spouse stated the resident had a history of wandering and required increased supervision that he/she could not provide. Interview with the Assistant Director of Nursing (ADON) on 11/26/14 at 4:00 PM revealed on 11/23/14 between 1:15 P.M. to 1:30 PM, she received a call from RN #1 reporting Resident #1 was standing at the 200 Wing back door trying to get back into the facility. The ADON stated she was unsure how, when, or where Resident #1 had exited the facility. Further interview revealed she would expect staff to provide activity or use the listed interventions identified in the care plan for Resident #1 when he/she was noted to be wandering to keep him/her focused on a task or alternate diversion. Interview with the Administrator, on 11/26/14 at 5:15 PM, revealed she received a call on	F 323	Monitoring Sheet." The DON is responsible for ensuring the Monitoring Sheets are completed correctly and maintained. • The DON reviews the Care Trak Monitoring sheet weekly to ensure it is being maintained and completed correctly. New employees receive the information, demonstration and in-service training during their new hire orientation by ADON and assigned licensed staff. • License staff receives training during their initial new hire orientation and PRN by department heads, the ADON and other licensed staff. All licensed staff are required to demonstrate how to check the functionality of the door. (All that is required is to open the door while holding a care trak bracelet—if the door alarms—it is functioning properly.) • The Smoking Policy was revised by the Administrator, DON and ADON 11/26/14 to include: Two (2) staff are assigned by the charge nurse to assist with the resident smoke breaks. The additional staff member is monitor the residents as they exit and reenter the building safely. • Quality Assurance form N-24 titled, "Elopement" was reviewed & revised by the	

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F 323	Continued From page 25 11/23/14 around 1:30 PM, from RN #1, informing her that Resident #1 had exited the building without staff's knowledge and was witnessed attempting to get back into the building. The Administrator stated Resident #1 was not seen when the residents were taken to the breezeway to smoke during the 1:00 PM break. The Administrator revealed during her investigation of the incident it was identified that CNA #1 silenced the Care Trak alarm at the exit door while assisting the residents out to the breezeway to smoke. The CNA failed to re-activate the alarm while the residents were smoking. She further stated any resident with a Care Trak bracelet could have exited the facility through that door without the alarm sounding. Interview with Administrator, on 11/26/14 at 6:30 P.M., revealed Resident #1 care plan identified interventions to divert/distract the resident when he/she was noted to be wandering aimlessly. Further interview revealed her expectation was for staff to utilize the interventions listed in the care plan to distract the resident from wandering by providing a structured activity and intervene as appropriate. The facility implemented the following actions to remove the Immediate Jeopardy: 1. RN #1 completed a full body assessment, including vital signs, on Resident #1 on 11/23/14, with no injuries noted. 2. RN #1 notified the ADON, Interim Administrator, Power of Attorney (POA), and Medical Director (MD) of the elopement on 11/23/14.	F 323	Administrator 11/25/14. The purpose of this form is to ensure that the person responsible for completing the form reviews documentation in the medical record or elsewhere to ensure that each resident identified to be at risk for elopement has a proper assessment & care plans (on the MDS as well as a nurse aide care plan . The form also asks questions pertaining to "Is the transmitter number located on the face sheet in the medical record. Is the resident's picture on the wanders list. The question "Has Care Trak been added to the task in Point Click Care" was added to the form to ensure the task is on the nurse aide task list in the electronic medical records. All other questions on the form are sufficient for monitoring those wearing a bracelet. ***The facility plans to monitor its performance to ensure the solutions are sustained are:*** • The Quality Assurance form N-24 "Elopement" was completed 11/25/14, 12/2/14, 12/9/14, 12/16/14 ***and 1/16/15*** for all residents assessed to be at risk for elopement by the Social Service Director. • Quality Assurance form N-24 "Elopement" will be completed monthly for another 2 months,	

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F 323	Continued From page 26 3. RN #1 completed an unusual occurrence report and documented in the resident's medical record. She indicated that it was raining outside and the resident's clothes were dry on 11/23/14. 4. Resident #1 was monitored and assigned a 1:1 sitter on 11/23/14. 5. LPN #1 checked all door alarms to ensure proper functioning on 11/23/14. Further interview revealed all exit doors did not exhibit any malfunction with the Care Trak transmitter alarm system. 6. All doors and all residents wearing a Care Trak were rechecked by the Maintenance Director for proper functioning on 11/24/14. All Systems were functioning. 7. The Administrator and Quality Assurance Team consulted and involved the Medical Director in all aspects of the process; including notification of the elopement, conference calls, Quality Assurance meetings, the plan of action, the issuance of Immediate Jeopardy, and any recommendation/suggestions made by the team and Medical Director about changes to the facility's policies and system changes to remove the immediate jeopardy. 8. Resident #1's care plan was reviewed and updated on 11/24/14 by the Social Service Director. The Administrator reviewed and updated Resident #1 Elopement Risk Assessment on 11/24/14. 9. The MDS Coordinator revised Resident #1's Elopement Care Plan and interventions on 11/26/14 to include: Resident will wander safely	F 323	then per CQI schedule by the Social Services Director. • License staff receives training during their initial orientation period and PRN by department heads, the ADON and other licensed staff. All licensed staff are required to demonstrate how to check the functionality of the door. (All that is required is to open the door while holding a care trak bracelet—if the door alarms—it is functioning properly.) A charge nurse is responsible for changing the batteries and recording on the treatment book that the batteries were changed on the designated day of the month or as needed. • Every single staff member was in-serviced on where not to park the linen carts-especially the housekeeping staff who are responsible for moving the carts in and out of the building. The Housekeeping Supervisor monitors the location of the cart along with all other supervisory staff on a daily basis. • The charge nurse is responsible for assigning 2 staff members to take the residents to smoke. All staff were in-serviced and aware	

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F 323	Continued From page 27 within the environment as evidenced by no falls or injury through review date. On 11/27/14, MDS Coordinator reviewed and/or revised elopement care plan goals for ten (10) residents the facility assessed to be at risk for elopement. 10. The Social Services Director (SSD), on 11/24/14, reviewed and updated Resident #1's care plan. The SSD also updated Elopement Risk Assessments for all other residents who were assessed to be at risk for elopement 11. The House Supervisor completed an audit in Point Click Care (electronic medical records), on 11/26/14, to ensure the ten (10) residents assessed at risk for elopement had "Wear Care Trak bracelet" included in their tasks on a daily basis. 12. On 11/26/14, the Administrator counseled CNA #1 for failure to monitor the residents during the smoke break. The DON counseled RN #1 for failure to supervise and keep residents who wander safe. The Corporate Compliance officer counseled the Administrator for failure to follow State and federal nursing home regulations and ensure the facility's policies were being followed. 13. On 11/26/14, the Facility Orientation form used by Department Heads to orient new staff was updated by the Administrator to include information regarding the following: Elopement, Care Trak, Care Plans, and Smoking Policy. 14. On 11/27/14, the Maintenance Director and ADON, inserviced all licensed staff on how to check exit doors for proper functioning using the Care Trak transmitter and documenting on the Care Trak Monitor log.	F 323	of the 2nd staff members responsibility to monitor the residents exiting and reentering the facility. The charge nurse that assigned the 2 staff members to take the residents out to smoke is also responsible for ensuring that the 2nd staff member completes the task as instructed. • The QA team consist of: Administrator, Director of Nursing, Assistant Director of Nursing, House Supervisor, Social Service Director, Activity Director, Housekeeping Supervisor, Maintenance Director, Dietary Manager, Floor Staff, Medical Director, Physical, Speech & Occupational Therapist and other staff, pharmacist, residents and family members depending on the resident and/or situation. • All staff, residents, family, visitors can report issues to any member of the QA team-which consist of everyone. • The person completing the QA form reports their finding and any actions implemented to the QA team monthly. • Issues that require an in dept review will be	

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F 323	Continued From page 28 15. On 11/25/14, in-service training was initiated on the Elopement and Care Trak policy by the House Supervisor, MDS Coordinator, and ADON to educate on the facility's policy revisions and system changes. 16. On 11/26/14, the Administrator, DON, ADON updated the Elopement, Care Trak, Care Plan, and system changes were made to the Smoking Policy. 17. The Housekeeping Supervisor in-serviced housekeeping staff on 11/26/14 on placing the dirty linen cart in a different location. 18. On 11/25/14, Quality Assurance form N-24 titled, "Elopement" was reviewed and revised by Administrator to include the question, "Has Care Trak been added to the task in Point Click Care". 19. On 11/27/14, Quality Assurance form N-19 titled, "Care Plans", was reviewed by the Administrator and completed by the MDS Coordinator. 20. On 11/26/14 through 11/27/14, all staff was in-serviced on the system changes made to the revised Elopement, Care Trak, and Smoking Policy to include: Department Heads, Licensed Nurses, Certified Medication Aides, CNAs, Environmental Services, Activity Director, and Activity Assistant, Dietary Manager, Social Services Director, Office Manager, Medical Records, and all PRN staff. The in-service was conducted by the House Supervisor, ADON, Maintenance Director, and MDS Coordinator. Staff in-serviced on the following system	F 323	addressed in the same way a state or federal statement of deficiencies is addressed on an Action Plan. • *The Quality Assurance forms ask questions related to the title of the form, such as "Care Plans." The department head or licensed staff member responsible for completing the form is to research through medical records, observation or questioning in order to answer the questions. The form may require a snap shot of all residents in a certain group (tube feeders, diabetics, wanderers, etc) or a percentage of residents in the facility. The questions require a "yes, no or NA response." Each form has a threshold percentage of compliance to meet. If the threshold is not met, the staff member completing the form or several members of the team develops & implements a written Action Plan consisting of the issues found, goals, interventions, a dead line for completion of tasks and who is responsible to complete the task to quickly get back into compliance with the policy -- usually within 10 days. Most QA forms are completed quarterly, but when a threshold is not met—the form is completed again the next month to ensure that the facility maintains compliance.*	

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changes:

The Charge Nurse assigns (2) staff members to take the residents out to smoke. The additional staff member's responsibility is to watch each resident exit and re-enter the building safely. The weekend Charge Nurse is responsible for checking and documenting that Care Trak doors are functioning properly. All newly hired staff will receive orientation on the revised Facility Orientation Form. The dirty linen carts are not to block the view of the 200 Wing Hall door from the smoking area.

21. The Maintenance Director and ADON, on 11/27/14, demonstrated and re-inserviced all licensed staff on how to check the exit doors for proper functioning using the Care Trak transmitter and how to document on the Care Trak Monitoring Sheets.

22. The Quality Assurance form N-24, "Elopement", will be completed weekly for all residents assessed to be at risk for elopement for four (4) weeks and monthly thereafter for three (3) months, then per the CQI schedule by the Social Services Director.

23. Quality Assurance form N-19 titled, "Care Plans", will be completed weekly for all residents to be at risk for elopement for four (4) weeks and monthly thereafter for three (3) months, then per the CQI schedule by the MDS Coordinator.

The State Survey Agency validated the corrective actions taken by the facility as follows:

1. Review of Resident #1's chart, on 12/10/14 at 4:45 PM, revealed on 11/23/14 at 1:15 PM, a full

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	Continued From page 30 body assessment including vital signs were completed by RN #1. 2. Interview with ADON, on 12/12/14 at 9:45 AM, revealed she received a call from RN #1, on 11/23/14 at approximately 1:15 to 1:30 PM, informing her of Resident #1 elopement. Interview with Interim Administrator on 12/12/14 at 10:00 AM, revealed on 11/23/14 at 1:30 PM, she received a call from RN #1 informing her of Resident #1 elopement. Interview with Resident #1 POA/husband, on 11/26/14 at 1:45 PM, revealed on Sunday 11/23/14 at 2:00 PM he received a call from RN #1 informing him Resident #1 got outside the facility without staff knowledge. Interview with Resident #1's Primary Care Physician (PCP) and the facility's Medical Director, on 11/26/14 at 2:00 PM, revealed she was notified on 11/23/14 of Resident #1's elopement. 3. Review of the facility's investigation revealed RN #1 completed an unusual occurrence report, on 11/23/14, regarding Resident #1's elopement and documented the incident in the resident's medical record. 4. Review of Resident #1's chart and staff assignment sheet revealed Resident #1 was assigned a 1:1 sitter, on 11/23/14 and continued with a 1:1 sitter. 5. Interview with LPN #1, on 12/11/14 at 3:20 PM, revealed on 11/23/14 she checked the Care Trak exit doors for proper functioning after the elopement incident without any malfunction of the doors noted. 6. Interview with the Maintenance Director, on	F 323		

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	185049	A. BUILDING _____ B. WING _____	C 12/12/2014

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F 323	Continued From page 31 12/11/14 at 12:50 PM, revealed on 11/24/14 he checked all the exit doors and residents wearing a Care Trak device for proper functioning. He revealed all systems functioned properly. 7. Interview with the Medical Director, on 12/12/14 at 11:20 AM, revealed the QA Committee meets every third Wednesday of the month and as necessary. She stated she was aware of the facility's policy and system changes related to Elopement, Care Trak, Smoking, Care Plans, and Immediate Jeopardy cited on 11/26/14. 8. Review of Resident #1's elopement care plan revealed a revision dated 11/24/14 by Social Services Director (SSD). Interview with SSD, on 12/11/14 at 1:45 AM, revealed she updated Resident #1's elopement care plan 11/24/14 following the elopement on 11/23/14 with the following interventions: 1:1 sitter with the sitter to remain with resident. Review of Resident #1's Elopement Risk Assessment revealed it was updated on 11/24/14 by the Administrator. Interview with the Administrator, on 12/12/14 at 10:00 AM, revealed she reviewed and updated Resident #1 Elopement Risk Assessment on 11/24/14. 9. Interview with the MDS Coordinator, on 12/11/14 at 8:55 AM, revealed she revised Resident #1's Elopement Care Plan and interventions on 11/26/14 to include: "Resident will wander safely within the environment as evidenced by no falls or injury through review date". Further interview revealed she revised ten (10) residents' care plan goals that had been assessed as at risk for elopement. Review of the ten (10) residents that have Care Trak	F 323		

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F 323	Continued From page 32 transmitters, their elopement care plans were reviewed, on 12/11/14, with a new intervention added "Wander Alert" with Care Trak device number added to Resident #1's elopement care plan. 10. Review of the Elopement Risk Assessments of the remaining residents assessed as elopement risk revealed SSD updated elopement risk assessments on 11/24/14. 11. Interview with the House Supervisor, on 12/12/14 at 9:30 AM, revealed an audit in Point Click Care (electronic medical record) was conducted 11/26/14 to ensure that current residents assessed to be at risk for elopement had "wear a Care Trak bracelet" included to the daily task. 12. Interview with CNA #1, on 12/11/14 at 2:30 PM, revealed she was counseled by the Administrator regarding elopement and failure to monitor residents during smoke break. Further interview revealed she was in-serviced regarding policy/system changes to include: elopement, Care Trak, smoking policy, and new location of linen storage. CNA #1 was able to identify changes to policies/system. Interview with RN #1 on 12/11/14 at 12:00 PM, revealed she was counseled by the DON regarding failure to ensure safety of residents that wander. Interview with the Administrator, on 12/12/14 at 10:00 AM, revealed she was counseled by the Corporate Compliance Officer for failure to follow State and federal nursing home regulations and failure to ensure facility policies were being followed. All counseling was verified through documentation on 11/26/14.	F 323		

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F 323	Continued From page 33 13. Review of the Facility Orientation form that Department Heads use to orient new staff, last revised 11/26/14, verified it included information on the following: elopement, Care Trak, care plans, and smoking policy. 14. Review of the in-service training log, dated 11/26/14, revealed all staff was re-inserviced to include: proper functioning of the Care Trak transmitter and documentation on the Care Trak Monitoring sheets. In-service training was conducted by the ADON, Housekeeping Supervisor, MDS Coordinator, and Maintenance Director with 100% staff participation. Interview with CNA #1, on 12/11/14 at 2:30 PM, revealed she would float between all shifts and units. Further interview revealed she was re-educated, on 11/26/14, on policy revisions and changes to include: Smoke Break; (2 staff members are assigned to supervise residents who smoke rather than one (1) staff. First staff member is to gather "smoker notebook" to identify all residents that are allowed to smoke in breezeway. The staff member with the notebook will verify all residents listed in the notebook are the only residents to be in the breezeway at the designated smoking times. The second staff member will assist in getting residents with smoking privileges to the breezeway and re-activate the Care Trak alarm system at breezeway exit door. She also stated the facility designed a notebook updated with pictures of each resident that smoked. The notebook was to be utilized at each designated smoke break. CNA #1 also stated she was in-serviced on elopement, Care Trak, and location change of the dirty linen storage cart. She revealed the new location of dirty linen cart storage allows staff to	F 323		

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F 323	Continued From page 34 see the entire breezeway area when residents were smoking. CNA #1 further revealed that Care Trak alarm will not be silenced while residents exit the building to smoke. Further interview revealed the second staff member is to re-activate the Care Trak alarm after residents participating in smoke break are in breezeway. Interview with LPN #1, on 12/11/14 at 3:20 PM, revealed her normal work shift is 3 PM-11 PM. She revealed she received in-service training on 11/26/14 conducted by the ADON, House Supervisor regarding policy changes on elopement, Care Trak, smoke breaks and care plans. Interview with LPN #2, on 12/12/14 at 8:30 AM, revealed her normal work shift is 11 PM-7 AM as a Charge Nurse. Further interview revealed she received in-service training on 11/26/14 regarding policy changes implemented to include: elopement, Care Trak, care plans, smoke break and location change of dirty linen storage 15. Interview with the Administrator on 11/26/14 at 5:15 PM revealed training was initiated on 11/25/14 on the Elopement policy and Care Trak policy by House Supervisor, MDS Coordinator, and ADON to discuss policy revisions and system changes. Review of the in-service training record and sign in sheet verified. Interview with the MDS Coordinator, on 12/11/14 at 8:55 AM, revealed she received in-service training on 11/27/14 in group setting with the Department Heads. Further interview revealed in-service training was conducted by the Administrator on topics to include: Care Trak, Elopement, Care Plan policy revisions. She	F 323		

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F 323	Continued From page 35 revealed she was in-serviced on the following revisions: Care Trak, residents with Care Trak alarms have been added to the smoke book for staff to identify all residents to be in the breezeway at designated smoke breaks. The Charge Nurse on weekends and holidays will check to ensure the proper function of Care Trak alarm at exit doors and document in monitor log. The DON will collect and monitor the log on Monday mornings. The Maintenance Director will continue to check the function of Care Trak alarm at the exit doors Monday through Friday and document in the monitor log. The Administrator will assign a designated person in the absence of the Maintenance Director. Interview with the ADON, on 12/12/14 at 9:40 AM, revealed she received in-service training, on 11/24/14. She revealed she received further in-service training on 11/27/14 with all Department Heads and in-service training was conducted by the Administrator. Further interview revealed in-service training consisted of policy revisions and system changes implemented regarding elopement, Care Trak, care plans, and system changes regarding smoke break. The ADON stated all residents with Care Trak transmitters, care plans were updated to include Care Trak device number and goal revised. 16. Review of the Elopement, Care Trak, Care Plan and system revealed changes were made to the facility's Smoking Policy, revision date of 11/26/14. 17. Observation on 12/11/14 revealed the dirty linen cart was moved so there was a complete view of the breezeway perimeter.	F 323		

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F 323	Continued From page 36 NEEDS AOC INFORMATION	F 323		