

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

PRINTED: 06/23/2015
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185333 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/10/2015 |
| NAME OF PROVIDER OR SUPPLIER KLONDIKE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3802 KLONDIKE LANE LOUISVILLE, KY 40218 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| F 000 | INITIAL COMMENTS A Recertification Survey was initiated on 06/07/15 and concluded on 06/10/15 with deficiencies cited at the highest scope and severity of an "F". | F 000 | The Klondike Center provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The Plan of Correction is prepared and executed solely because it is required by federal and state law. | 7-17-15 |
| F 246 SS=D | 483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to have a functional call light system for two Unsampled residents (Unsampled Resident A & B) out of a total of fifteen (15) sampled residents. Observation during the initial tour, on 06/07/15 revealed the facility's call lights did not activate when the residents attempted to use the call light and the facility did not provide these residents an alternative method to contact the staff. The findings included: A policy regarding call lights was requested; however, the facility did not provide one. Observation, on 06/07/15 at 3:00 PM, during the initial tour, revealed both call lights for Room 28 | F 246 | <u>F 246: Reasonable Accommodation of Needs/Preferences</u> 1. Residents A & B call cords were replaced by the Maintenance Director and new call light box was ordered on 6-10-15. The call light for resident A & B will be checked every shift by the Maintenance Director or nurse until call light box received and installed. At that time the Maintenance Director and/or nurse will ensure all residents needs have been met timely by interviewing the resident. Additionally, a bell was placed at bedside to ensure that while waiting on call light box the resident has ability to call for help at all times to ensure all needs are met timely. Residents A and B have not experienced any negative outcome. 2. All residents of the facility have the potential to be affected. On 6-11-15 Maintenance Director completed an audit on all other call lights to ensure all were in working order and all were functioning properly. No other areas of concern were identified. | |

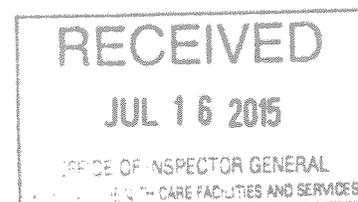
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *[Signature]* (X6) DATE 7-9-15

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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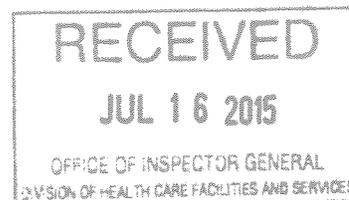
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| F 246 | Continued From page 1 would not activate. Interview with Unsampled Resident B revealed he/she had pushed the call light button but it would not activate. The resident attempted several times to activate the call light. Unsampled Resident A attempted to activate the call light but it still would not activate. This surveyor pushed both call lights in the room and neither call light would activate. After a few minutes, the call light activated and staff responded. Observation revealed both call lights were plugged into one common patient station on the wall. Interview with the Maintenance Director, on 06/10/15 at 2:30 PM, revealed he was not aware the call lights were not working in Room 28. He stated Unsampled Resident B's call light had been replaced last week. Another interview with the Maintenance Director, on 06/10/15 at 3:00 PM, revealed the problem was the patient station where the call lights connect was bad and he would have to order the part today. The Maintenance Director provided on 06/10/15 a confirmation order sheet where he had ordered the part to fix the call light unit in the residents' room. Review of the Supply Facilities Maintenance Order, confirmation, dated 06/10/15, revealed an "auth patient station" was ordered. | F 246 | 3.Maintenance Director on 6-12-15and will re-educate licensed staff, CNAs, and Dietary on the need to ensure call lights are in working order and function properly and if not what to do to assure residents still have a way to call for assistance to ensure their needs are met by 7-16-15. A post-test will be given at the time of the re-education to validate understanding. Staff not available during this timeframe will receive re-education including post-test by the Administrator or DON upon return to work. 4.The Maintenance Director/Administrator will conduct weekly rounds on the call lights to ensure all are in working order with corrective action at the time of discovery if indicated. When other personnel discover that a call light is not in working order a work order will immediately be completed, turned in to the Maintenance Department, and an alternative way to call for assistance will be provided. The Maintenance Director will review all pending work order with the administrator weekly to ensure timely resolution. | | |
| F 253 SS=E | 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. | F 253 | | | |



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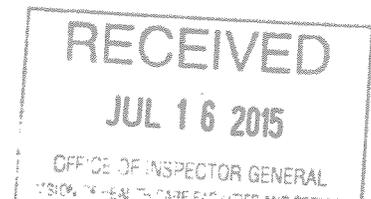
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| F 253 | <p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and review of the housekeeping cleaning schedules, check-off list, and in-service training, it was determined the facility failed to maintain a clean and sanitary environment for all residents. Observation during the environmental tour, on 06/08/15 and 06/10/15 revealed five (5) of thirty one (31) residents' rooms (4, 8, 27, 28, and 29) and one(1) of two (2) shower rooms had Air Conditioner (A/C) units that were dirty and in need of repair. In addition, the outside of the building had discarded furniture and equipment, bags of paper decorations and the soffit and gutters were in serious disrepair. There was a bird's nest present in and around the gutters.</p> <p>In addition, the ceiling fans in the Main Dining Room had a heavy build-up of dust.</p> <p>The findings include:</p> <p>Interview with the Administrator, on 06/10/15 at 2:35 PM, revealed she could not find a policy for preventative maintenance of the building. She stated the facility utilized the work order system; however, she could not find a facility policy regarding the work order system.</p> <p>Interview with the Director of Environmental Services, on 06/10/15 at 11:38 AM, revealed there was no policy regarding cleaning of the ceiling fans.</p> <p>Review of the contract agreement between the facility and a contract Housekeeping/Laundry Service, effective date 06/15/10, revealed the</p> | F 253 | <p>The results of the call light audits will be submitted to the Monthly Performance Improvement Committee consisting of Administrator, Director of Nursing, Medical Director, Social Service Director, Activity Director, Maintenance Director, Housekeeping Supervisor and Medical Records. The Administrator will report results of the call light audits to the Monthly Performance Improvement Committee for any additional follow up and/or in servicing needs until the issue is resolved.</p> <p>F - 253 Housekeeping and Maintenance Services</p> <p>1. On 6-11-15 the AC units in rooms 4, 8, 27, 28, 29 and both shower rooms were cleaned and repairs completed as needed by the Maintenance Director. On 6-11-15 the bird's nest was removed from the gutter, discarded furniture, broken equipment and boxes were removed from the outside area including papers on the grounds by the Maintenance Director. On 6-11-15 the ceiling fans in the Main Dining room were cleaned and all other ceiling fans throughout the center were cleaned by the Housekeeping Director. On 6-24-15 the grease dumpster was picked up and removed from the property by the contracted company. On 6-26-15 the gutters were cleaned and repaired by the Maintenance Director.</p> | 7-17-15 | |



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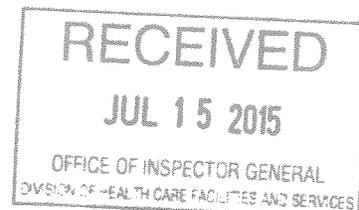
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| F 253 | <p>Continued From page 3</p> <p>contract vendor would provide supplies and materials for cleaning and laundry services including housekeeping equipment except for the laundry washer and dryers. The number of staff was to be determined by the residents per day rate (PPD).</p> <p>Review of the daily five (5) step cleaning of residents' room in-service (not dated) revealed the A/C units were not included on the daily cleaning schedule. Review of the Complete Room Cleaning (completed on a monthly basis) revealed the "radiator" (A/C unit) was to be wiped down on all sides and on top of the unit. The top vents were to be checked for accumulation of dust and other debris.</p> <p>1. Observation of the North Hall Shower Room, on 06/08/15 at 2:17 PM, revealed the top cover of the A/C unit was missing, water was observed standing in the bottom of the unit, and a plastic necklace was sticking out from the bottom of the unit.</p> <p>Continued observation of the A/C units on 06/10/15 of Room 27 at 3:12 PM, Room 28 at 3:16 PM, Room 4 at 3:24 PM, Room 8 at 3:28 PM, and Room 29 at 3:36 PM, revealed the outside of the units were dusty and dirty with some broken grills. Inside the A/C units revealed rusty pipes, water standing in the bottom of the units, spider webs with unknown black/brown substance on the walls and bottom of the units. In addition, the units had missing control knobs and missing covers.</p> <p>Interview with Maintenance Director, on 06/10/15 at approximately 10:15 AM, revealed he had been in that position since July 2014. He stated he had</p> | F 253 | <p>2. All residents of the facility have the potential to be affected. The Maintenance Director and Housekeeping Supervisor rounded the facility and the facility property on 6-11-2015 to determine additional cleaning and repair needs of the facility and facility property to include air conditioner units, ceiling fans, shower rooms, bathrooms, gutters and dumpsters, with corrective action if indicated at the time of discovery. corrected when identified. On 6-19-15 all air conditioner units were cleaned and repaired.</p> <p>3. The Administrator and Housekeeping Director will re-educate all Housekeeping staff by 7-16-15 on the proper cleaning procedures per policy including need to maintain a sanitary, orderly, and comfortable environment. A post-test will be given at the time of the re-education by the Housekeeping Director to validate understanding. The Administrator and Regional Property Manager re-educated the Maintenance Director on the proper policy for cleaning air conditioner units and vents. A post-test given at the time of the re-education by the Administrator to validate understanding.</p> | | |



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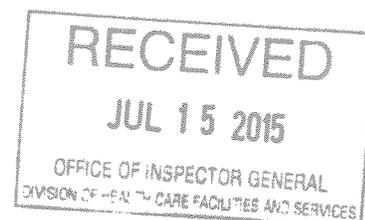
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| F 253 | <p>Continued From page 4</p> <p>been working alone until the end of May 2015. He said there was no cleaning log in place for the air/heating units. He cleaned the A/C filters this spring before use, but said he did not document it. He did not clean the vents, that would be housekeeping's responsibility. He stated he puts a chemical in the form of a pellet in the A/C units to prevent algae growth.</p> <p>2. Observation outside the building on the South side, on 06/07/15 at 4:52 PM, revealed three (3) cardboard boxes with plastic tablecloths folded and overflowing from the top of the box, three (3) clear plastic bags with activity material and other miscellaneous decorations such as: hats, grass skirts, and paper lanterns stored on the grass. One of the bags was opened with spillage of paper products overflowing onto the ground.</p> <p>Continued observation outside of the building, on 06/07/15 at 4:52 PM, revealed discarded furniture and broken equipment stored beside the privacy fence at the back of the property. The gutters were hanging in several places and the soffit was pulled away with a bird's nest in the space between the soffit and building.</p> <p>2. Observation of a ceiling fan in the Main Dining Room, on 06/10/15 at 11:15 AM, revealed a heavy build up of dust with dust particles hanging off the fan blades. The ceiling fan was positioned above the table where residents eat. In addition, dust was observed on the cathedral ceiling above the ceiling fan.</p> <p>Interview with the Contract Environmental Service Director, on 06/10/15 at 11:38 AM, revealed high dusting (above the head) was completed weekly that would include the dining room fans. She stated deep cleaning of the Main Dining Room</p> | F 253 | <p>4. Weekly rounds will be conducted by the Administrator, Housekeeping Supervisor and Maintenance Director inside and outside the center to ensure that housekeeping and maintenance services are providing a sanitary, orderly and comfortable environment. Areas of concern will be corrected upon discovery.</p> <p>The administrator will review and submit a summary of the findings of the environmental rounds for 3 months and quarterly thereafter to the Monthly Performance Improvement Committee consisting of Administrator, DON, Medical Director, Social Service Director, Activity Director, Maintenance Director, Housekeeping Supervisor and Medical Records for any additional follow-up and /or in-servicing until the issue is resolved.</p> | | |



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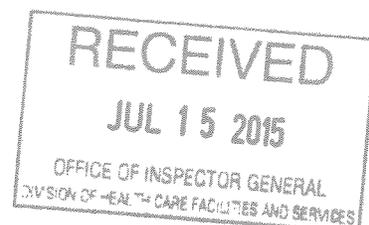
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| F 253 | Continued From page 5 was last completed in May 2015 during the Nursing Home Week. She said the ceiling fan was cleaned then. She stated she thought the weekly cleaning schedule included the ceiling fans. However, upon review of the daily and weekly cleaning schedule revealed the ceiling fans were not on the list to be cleaned. | F 253 | | | |
| F 279 SS=E | 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility policy, it was determined the facility failed to develop a care plan related to Restorative Therapy for Five (5) of Fifteen (15) | F 279 | F 279 Develop Comprehensive care Plans 1. Resident 1: Resident was picked up by OT on 6-10-15 and resident to be placed in a Restorative Program after completion of therapy. Care Plan updated for OT 6-15-15 by MDS Coordinator Resident 4: Resident was picked up by OT on 6-10-15 and resident to be placed in a Restorative Program after completion of therapy. Care Plan updated for OT 6-15-15 by MDS Coordinator Resident 10: Knee immobilizer discontinued on 6-10-15 by the physician. On 6-24 MD reviewed to continue the discontinuation of the immobilizer. On 6-15-15 care plan for passive ROM, bilateral upper extremities, left lower extremities added to the care plan and Kardex by the MDS Coordinator. Resident 11: On 6-15-15 care plan for restorative was added, placed on Master Restorative list and Kardex updated by the MDS Coordinator. Resident 12: On 6-15-15 care plan updated for potential UTI by the MDS Coordinator | 7-17-15. | |



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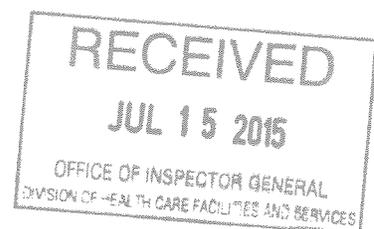
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| F 279 | <p>Continued From page 6</p> <p>sampled residents, (#1, #4, #10 and #11) and one (1) resident (Resident #12) who developed a Urinary Tract Infection.</p> <p>The findings include:</p> <p>Review of the facility's policy regarding Restorative Nursing, revised 10/01/10, revealed under the section Practice Standards, the facility would develop specific measurable goals and document those goals and interventions on the residents restorative care plan. The facility would implement the restorative nursing program according to specifics on the care plan.</p> <p>1. Review of the medical record for Resident #1, revealed the facility admitted the resident on 12/24/14 with Diagnoses of Parkinson's Disease, Cerebral Vascular Accident (CVA) with Hemiplegia, Dysphagia and Vascular Dementia.</p> <p>Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 04/02/15, revealed the facility was unable to complete the Brief Interview for Mental Status (BIMS) as the resident had no speech and was rarely/never understood. The facility assessed the resident's bed mobility and transfers as requiring extensive assistance of two (2) staff. The facility assessed the resident's functional limitation in range of motion as impaired on one (1) side for the upper and lower extremities.</p> <p>Review of the Occupational Therapy (OT) notes, dated 04/10/15, revealed Resident #1, received therapy from 02/11/15 through 04/03/15 for splint application to the left hand and Passive Range of Motion (PROM). The resident was discharged from OT and referred to the Restorative Nursing</p> | F 279 | <p>2. All residents of the facility have the potential to be affected. The Interdisciplinary team will compare all resident care plans and Kardexes to all current orders, referrals and any other significant status changes to ensure that the plan of care is reflective of the resident's current status and needs on 6-26-15 and areas of concerns addressed when identified.</p> <p>3. The licensed nurses/Interdisciplinary Team will be re-educated by 7-16-2015 to the care plan policy to include updating changes to reflect residents current status and needs by the MDS nurse and or the DON. A post-test will be given at the time of the re-education by the MDS Coordinator to validate understanding. Staff not available during this timeframe will receive re-education including post-test upon return to work.</p> <p>4. The Interdisciplinary Team consisting of the DON, Assistant DON, MDS Coordinator, Dietary Manager, Social Service Director, and Activity Director will audit 5 residents care plans to determine the care plan reflects the current needs of the resident weekly for 3 months, then biweekly for 3 months. Areas of concern will be corrected when identified.</p> | | |



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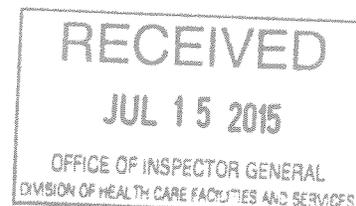
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| F 279 | <p>Continued From page 7</p> <p>program on 04/03/15. The plan was for PROM to bilateral upper extremities, bilateral lower extremities and to wear the left hand splint for six (6) hours a day without signs or symptoms of pressure, six (6) to seven (7) days per week. This information was carried over to the Restorative Referral Therapy for Nursing on 04/03/15.</p> <p>Review of the Restorative Therapy Referral to Nursing, dated 04/02/15, provided by the Therapy Department, revealed Resident #1 was referred to Restorative Therapy beginning 04/03/15. The resident would receive PROM, and Splints. There was nothing on the Referral to place the carrot if the patient was having pain.</p> <p>Review of the Comprehensive Care Plan for Resident #1, initiated on 01/08/15, revealed no care plan for Restorative Therapy, nor any documented interventions that included the application of a splint to the left hand or PROM.</p> <p>Review of the Certified Nursing Assistant (CNA) Kardex for Resident #1, undated, revealed a section on the Kardex for Restorative Therapy, including ROM and splint assistance; however, it was blank.</p> <p>Review of the Restorative Nursing Binder on the North Unit, revealed a master list of residents who should have received Restorative Therapy. Resident #1's name was not on the list and there was not a restorative nursing record found for the resident.</p> <p>Observation, on 06/08/15 at 9:35 AM, revealed Resident #1 was abed on his/her back. The left hand had a rolled wash cloth in the palm of the hand.</p> | F 279 | The DON/MDS Coordinator will submit a summary of the finding of the audits to the Monthly Performance Improvement Committee consisting of Administrator, DON, Medical Director, Social Service Director, Activity Director, Maintenance Director, Housekeeping Supervisor and Medical Records for any additional follow-up and/or in-servicing needs until the issue is resolved. | | |



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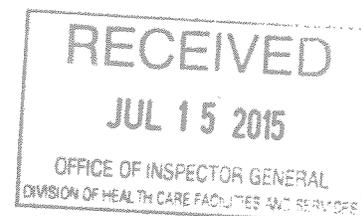
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| F 279 | <p>Continued From page 8</p> <p>Observation, on 06/08/16 at 10:35 AM, of the skin assessment for Resident #1, revealed the left hand and fingers were contracted. The thumb and pinky had long fingernails; however, the second, third and fourth fingernails were short. There was no evidence of skin breakdown. Licensed Practical Nurse (LPN) #3 placed a soft carrot shaped cushion inside the left hand.</p> <p>Continued observation of Resident #1, on 06/08/15 at 2:10 PM, 4:00 PM and 06/09/15 at 8:25 AM revealed no splint was used. Two (2) hand splints were found in the bedside drawer.</p> <p>Interview, on 06/09/15 at 9:27 AM, with Certified Nursing Assistant (CNA) #5 revealed she was providing care for Resident #1. She stated the resident received Restorative Therapy by getting turned every two (2) hours. She stated she put lotion on the resident's legs as well. She stated there were no hand splints in use for Resident #1.</p> <p>Interview, on 06/09/15 at 9:35 AM, with Licensed Practical Nurse (LPN) #3 revealed she was providing care for Resident #1 today. She stated if the resident had splints it would be put on the treatment book and the nurse would put them on. She stated splints for Resident #1 were not on the treatment book and no Restorative Therapy was in the Restorative Binder for Resident #1.</p> <p>Interview, on 06/10/15 at 9:40 AM, with Certified Occupational Therapy Assistant (COTA) #1 revealed when Resident #1 was finished with therapy he/she was referred to the Restorative Program. She stated a plan was written up and placed in the Director of Nursing's (DON) mailbox. From there the DON implemented the</p> | F 279 | | | |



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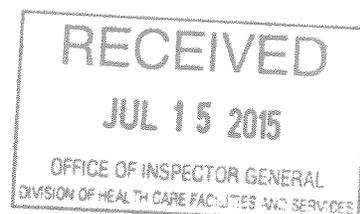
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| F 279 | <p>Continued From page 9</p> <p>plan. She stated she educated the DON and Assistant Director of Nursing (ADON) on the splint placement for Resident #1, then they would educate the rest of the staff on splint placement. She stated she had left instructions verbally that if Resident #1 was in too much pain while applying the splint then just use the carrot. She stated she failed to write the instructions down. She stated Resident #1 should be receiving some type of Restorative Therapy to prevent worsening of the contractures.</p> <p>Interview, on 06/10/15 at 9:50 AM, with LPN #3 revealed she went to therapy and Resident #1 was to have the splint or the carrot to the left hand; however, this information was not documented on the Restorative Therapy Referral or placed in the Restorative Binder. She stated the potential risk for Resident #1 was worsening contractures and skin breakdown. She went on to say she did not look at the restorative binder at the end of the day to ensure treatments were completed and that residents had received restorative. She stated she only updated the care plan for falls and was not sure who was responsible to update the care plans for Restorative.</p> <p>Observation, on 06/10/15 at 10:07 AM, revealed OT #1 evaluated Resident #1 for the splint placement and the resident was able to open the fingers up at least half way, which was baseline for Resident #1.</p> <p>2. Review of the medical record for Resident #4, revealed the facility admitted the resident on 02/13/15 with Diagnoses of Vascular Dementia, and Macular Degeneration.</p> | F 279 | | | |



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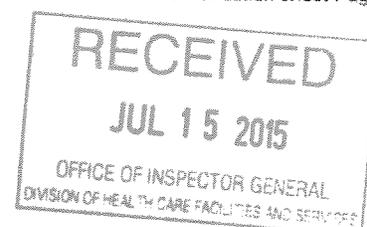
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| F 279 | <p>Continued From page 10</p> <p>Review of the Admission MDS Assessment for Resident #4, dated 02/25/15, revealed the facility assessed the resident's cognition with a BIMS score of nine (9) out of possible fifteen (15), which meant moderately impaired, and not interviewable. The facility further assessed the resident's bed mobility as requiring extensive assistance of one (1) staff and one (1) staff assist with ambulation.</p> <p>Review of the Restorative Referral Therapy to Nursing for Resident #4, revealed on 04/23/15 OT recommended Range of Motion (ROM) and walking/ambulation, including walk to dine six (6) to seven (7) days per week.</p> <p>Review of the Comprehensive Care Plan for Resident #4, revealed a care plan was initiated on 03/05/15 for risk for falls. An intervention stated to assist with ambulation of one (1) person using a rolling walker. There was nothing on the Comprehensive Care Plan regarding Restorative Therapy or Range of Motion.</p> <p>Review of the CNA Kardex for Resident #4, undated, revealed no documentation or guidance under the section Restorative Nursing Program.</p> <p>Review of the Restorative Nursing Master List on the front of the Restorative Binder for the North Unit, revealed Resident #4's name was not listed; however, under the room number there was a Restorative Nursing Record for Resident #4, to walk to dine, and for active and passive ROM.</p> <p>Review of the Restorative Nursing Record for Resident #4, revealed for the month of May, the 7-3 shift only documented six (6) out of thirty-one (31) days for the resident to ambulate to the Main</p> | F 279 | | | |



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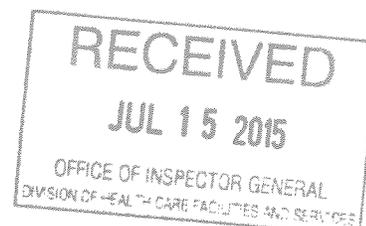
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| F 279 | <p>Continued From page 11</p> <p>Dining Room with assist of one (1) for meals and active ROM to bilateral upper and lower extremities. For the 3-11 shift there was no documentation on eleven (11) of thirty-one (31) days. Continued review of the Restorative Nursing Record for Resident #4, revealed for the month of June, there was no documentation for ambulation to the dining room, with one (1) day documented on 7-3 shift and two (2) days documentation on the 3-11 shift for active ROM.</p> <p>Observation, on 06/08/15 at 2:10 PM, revealed Resident #4 ambulated alone in the room to the bathroom. The resident then proceeded to ambulate down the hallway to the dining room for an activity. The resident's gait was steady. No staff was assisting the resident.</p> <p>3. Review of the medical record for Resident #11, revealed the facility admitted the resident on 01/28/15 with Diagnoses of Pneumonia, Dysphagia, Left Above the Knee Amputation and Kyphosis.</p> <p>Review of the Quarterly MDS Assessment, dated 04/13/15, for Resident #11, revealed the facility assessed the resident's cognition with a BIMS score of twelve (12) of a possible fifteen (15) that indicated the resident was moderately impaired, and interviewable. The facility assessed the resident's functional status of bed mobility to require extensive assistance of two (2) person physical assist. The facility assessed the resident's range of motion as having impairment of the lower extremity on one side.</p> <p>Review of the OT notes, dated 03/23/15, for Resident #11, revealed the resident was discharged to the Restorative Nursing Program</p> | F 279 | | | |



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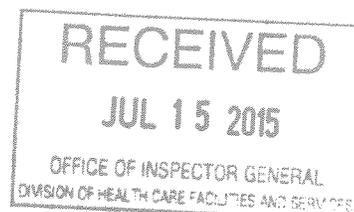
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| F 279 | <p>Continued From page 12 after 04/11/15. The Restorative Referral Therapy to Nursing recommended restorative for: self feeding; swallowing; active range of motion to bilateral upper and right lower extremity; six (6) to seven (7) days per week.</p> <p>Review of the Comprehensive Care Plan for Resident #11, revealed a care plan was developed for Risk of Aspiration on 04/10/15. This included interventions recommended from Therapy to Restorative Therapy. There was no care plan or interventions for Range of Motion.</p> <p>Review of the CNA Kardex for Resident #11, undated, revealed nothing was checked under the section Restorative Therapy including Range of Motion.</p> <p>Review of the Restorative Binder for the North Unit revealed Resident #11 was not listed on the Master List; however, the resident did have a restorative nursing record under the room number tab.</p> <p>Review of the Restorative Nursing Record for Resident #11, revealed for the Month of May, 2015, only eight (8) of thirty-one (31) days on the 7-3 shift were signed off for range of motion and restorative dining for meals. On the 3-11 shift, only fifteen (15) of thirty-one days were signed off for range of motion and restorative dining. Review of the month of June, 2015, revealed nothing was signed of for the 7-3 or the 3-11 for AROM. For restorative dining, there was one (1) day on the 7-3 shift and two (2) days on the 3-11 shift signed off as completed.</p> <p>Observation, on 06/09/15 at 5:30 PM, revealed Resident #11 was in bed, waiting on staff to</p> | F 279 | | | |



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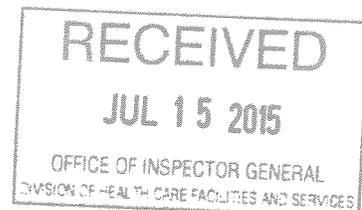
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| F 279 | <p>Continued From page 13</p> <p>transfer the resident to the wheelchair via a lift pad. The resident's left leg was slightly bent at the knee.</p> <p>Observation, on 06/09/15 at 5:45 PM, revealed Resident #11 was sitting up in a wheelchair in the restorative dining room attempting to feed self.</p> <p>Observation, on 06/10/15 at 8:30 AM, revealed Resident #11 sitting up in a wheelchair in the restorative dining room. Staff assisted the resident to eat.</p> <p>Interview, on 06/10/15 at 9:15 AM, with CNA #7 revealed he was assigned to care for the residents on the North Hall including Residents #1, #4, and #11. He stated he checked the CNA Kardex and received report from the previous shift to find out what care needs this resident had. He stated he was not sure if any of his assigned residents were getting restorative care and he would have to check and get back with me. He stated he had been trained on restorative care and provided ROM for all residents during care. He stated CNAs had the ability to apply splints if that was ordered for the resident. He stated Resident #11 was supposed to receive ROM. He stated he normally documented throughout the day in the restorative binder after care was given. He stated the potential complications if residents did not receive restorative therapy was an increase in their contractures, stiffness, and decrease mobility.</p> <p>Interview, on 06/10/15 at 10:30 AM, with the Assistant Director of Nursing (ADON) revealed the MDS nurse had primary oversight of the Restorative Program until a few months ago, then nursing took it over. She stated the process for</p> | F 279 | | |



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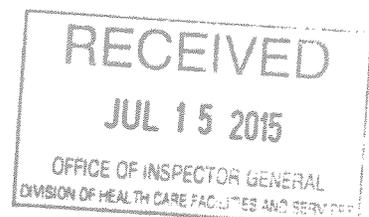
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| F 279 | <p>Continued From page 14</p> <p>the Restorative Program was therapy would make a referral and place it in the DON's box. Then the DON would write up a Nursing Restorative Plan, and place it in the restorative binder. She stated that information was communicated to nursing, verbally by the DON, then the plan was put in place. She state there should be a care plan for the Restorative Program; however, she was unsure if the DON was documenting on the CNA Kardex. She stated the nurses were to ensure restorative services were being provided and review the restorative binder for documentation. She stated currently the Director of Nursing (DON) was overseeing the Restorative Program, but they were still training the process of how to implement the program. She stated the potential risk to the residents if they did not receive restorative services was a decline in function and increase of contractures.</p> <p>Interview, on 06/10/15 at 11:00 AM, with the DON revealed she was currently responsible for the Restorative Program. She stated she took over the program in March 2015 because it was too much for the MDS nurse. She stated she identified the nurses and CNA's needed more training, so there was an inservice conducted in March 2015 in regard to ROM and splint applications. She stated the Therapy Department would make recommendations and then she would follow up during weekly quality rounds. She stated she was doing everything related to informing staff about residents who were on Restorative Program except the CNA Kardex, that the nurses should be updating. She stated her expectation was that the nurses were checking the Restorative Binders at the end of the day to ensure they were signed off and holes were filled in. She stated in regards to Resident #1, therapy</p> | F 279 | | | |



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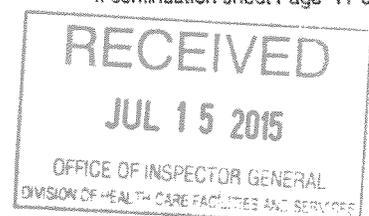
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| F 279 | <p>Continued From page 15</p> <p>had trained her on the application of the splint, but it was so painful to the resident therapy changed to the carrot. She stated the plan should have been written up by herself or therapy, and placed in the Restorative Binder; however, she gave no explanation for the missing plan. She stated she did not know why Residents #4 and #11 were not on the master list in the Restorative Binder. She stated the Restorative Program was not what she wanted it to be, and they been working on improvements since March, 2015. She stated the risk to the residents was a decline in function.</p> <p>Interview, on 06/10/15 at 11:37 AM, with the MDS Nurse revealed all nurses were responsible for updating the care plan. If not the care plans would be incorrect and the residents may not get their needs met. She stated there was a separate care plan for residents on the Restorative Program and she thought she developed a restorative care plan for Resident #11. She stated normally if she was updating the care plan and she saw something missing she would replace it. She had no explanation why there were no restorative care plans for these residents.</p> <p>4. Review of the clinical record revealed the facility admitted Resident #10 on 02/05/09. Review of the most current diagnoses included Fracture of the Lower Leg, CVA, Dementia, Osteoporosis, Anemia, and Hypertension.</p> <p>Review of the Physical Therapy notes, dated 03/27/15, revealed the resident was to have physical therapy for a knee immobilizer and ROM. The resident was discharged from physical therapy on 05/07/15 with the maximum</p> | F 279 | | | |



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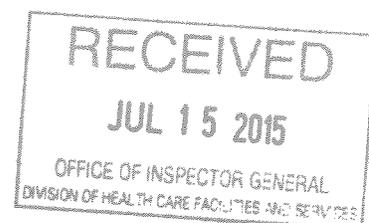
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| F 279 | <p>Continued From page 16</p> <p>potential goals met. Review of the therapy discharge summary note, dated 05/07/15, revealed the resident was to utilize a small knee immobilizer and the resident's skin had no signs and symptoms of pressure areas. The resident tolerated ROM to the bilateral lower extremities, except to the right knee, secondary to a fracture. Caregivers (facility staff) were educated on the proper rolling pattern and the resident was referred to the Restorative Nursing Program. Review of the Occupational Therapy discharge summary, dated 05/29/15, revealed the resident was referred to the Restorative Nursing Program.</p> <p>Review of the comprehensive care plan, with a target date of 07/12/15, revealed a care plan for restorative nursing had not been initiated. Review of the CNA Kardex for Resident #10 revealed the Restorative Nursing Program section was blank.</p> <p>Interview with the Minimum Data Set (MDS) Coordinator, on 06/10/15 at 1:00 PM, revealed if a resident was on a specific restorative program then the resident should have a specific care plan for that. Interview further revealed they talk about restorative in the morning meeting; however she was not sure restorative was always taken care of. She revealed the DON would tell her about the referral to restorative. However, the MDS Coordinator, Director of Nursing (DON), or the Assistant Director of Nursing would put the care plan in place.</p> <p>5. Review of Resident #12's clinical record revealed the facility admitted the resident on 06/07/10 with a readmission on 04/15/15 with diagnoses of Cerebral Vascular Accident (CVA), Acute Renal Failure (ARF), Altered Mental</p> | F 279 | | | |



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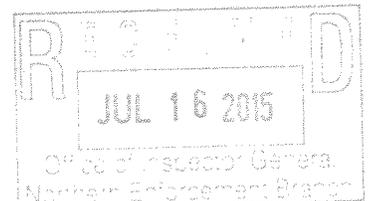
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| F 279 | <p>Continued From page 17</p> <p>Status, Flaccid Hemiplegia Affecting Non-Dominant Side, Hypertension (HTN), Coronary Artery Disease (CAD), and Urinary Tract Infection (UTI) with Sepsis.</p> <p>Review of Resident #12's Comprehensive Care Plans located in the computer program Point Click Care (PCC) and in the hard chart, revealed the facility created the comprehensive care plans on 07/31/14 with revisions noted on 07/31/14, 02/12/15, 02/23/15, 04/21/15 and 04/22/15 with target dates of 05/24/15 and 08/30/15.</p> <p>Continued review of the care plan revealed no care plan was created for the Urinary Tract Infection (UTI) and Sepsis diagnoses the resident experienced during a recent hospital stay 04/15/15. In addition, the record revealed the resident had a history of UTIs.</p> <p>Interview with the MDS Coordinator, on 06/09/15 at 3:40 PM and on 06/10/15 at 11:30 AM and 3:30 PM, revealed care plans were to be updated with the MDS schedule and any changes in the resident's condition; such as falls, infections and things like that. It was the responsibility of the MDS Coordinator, nurses working on the unit, Assistant Director of Nursing and the Director of Nursing to update the care plan. If the care plan was not revised/updated to reflect the changes in the resident's care needs, the resident would not have their care needs met and would possibly have a negative outcome. The MDS Coordinator stated if a resident developed an infection, an infection care plan should be incorporated within the care plan. The MDS Coordinator stated she thought she had revised Resident #12's care plan to reflect the recent hospital stay with Sepsis and the UTI diagnoses. The MDS Coordinator was</p> | F 279 | | | |



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| F 279 | Continued From page 18 not aware there was no care plan to address Resident #12's infection with interventions to prevent additional infections. Interview with the Director of Nursing, on 06/09/15 at 9:30 AM and 10:30 AM and on 06/10/15 at 11:00 AM, revealed she provided an inservice on care planning in March and April of 2015. She stated a post test was given in May 2015 regarding the purpose of a care plan, revision of the care plan, and who was responsible for creating and revising/updating the care plan. The Director of Nursing stated if something was not documented, it looks like it was not done. The Director of Nursing stated new or recurrent infections should be placed on the care plan, the 24 hour report and inform staff in shift reports. She stated when a resident had an infection it was discussed in the morning Stand Up Meeting the administration. The Director of Nursing stated revisions/updates to the care plan should alter the current interventions or develop new interventions to meet the resident's care needs. She stated she was ultimately responsible for the whole care plan process. | F 279 | | | |
| F 280 SS=E | 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending | F 280 | F 280 Right to Participate Planning care -Revise CP 1. Resident 2: On 6-9-15 care plan and Kardex was updated to reflect the safe swallowing precautions by the MDS Coordinator. | 7-17-15. | |



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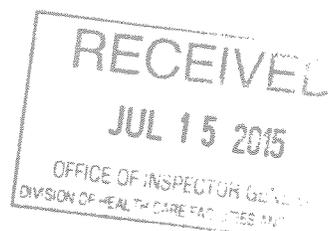
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| F 280 | <p>Continued From page 19</p> <p>physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy, it was determined the facility failed to revise the care plan for three (3) of fifteen (15) residents. Resident #2, 3, and 10. The facility failed to revise Resident #2's care plan to reflect the use of thickened liquids, the facility failed to revise the care plan of Resident #3 to address a Urinary Tract Infection (UTI) that required contact precautions, and failed to revise Resident #10's care plan to reflect a change in mode of transfer.</p> <p>The findings include:</p> <p>Review of the facility's Care Plan Policy, revised date 01/02/14, revealed all residents would have a comprehensive, individualized care plan and the care plan would include measurable objectives to meet the resident needs and goals as identified by the assessment process. The care plan would provide necessary care and services to attain or maintain the resident's highest practicable physical, mental and</p> | F 280 | <p>Resident 3: On 2-25-15 care plan and Kardex updated related to the UTI and other related care needs as it pertains to the UTI by the MDS Coordinator.</p> <p>Resident 10: On 6-10-15 care plan and Kardex updated to reflect current transfer technique for the resident by the MDS Coordinator.</p> <p>2. All residents have the potential to be affected. The Interdisciplinary Team will compare all resident care plans/Kardexes to all current orders, referrals and any other significant status changes to ensure that the plan of care is reflective of the resident's current status and needs on 7-16-15 and areas of concerns addressed when identified.</p> <p>3. The Interdisciplinary Team /licensed nurses will be re-educated by 7-16-15 by the DON regarding need to ensure that each resident's care plan is specific, current and updated with changes as occur. The DON will re-educate the Unit Manager, Assistant Director of Nursing and the Interdisciplinary Team on the daily review and weekly review process. A post-test will be administered by the DON to validate understanding. Staff not available during this timeframe will be provided re-education including post-test upon return to work.</p> <p>4. Daily the Clinical team will review all new physician orders, referrals, the 24-hour report and other change of condition</p> | | |

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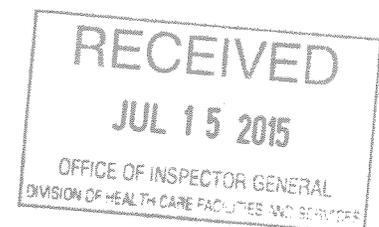
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| F 280 | <p>Continued From page 20</p> <p>psychosocial well-being. A Comprehensive Care Plan would be communicated to appropriate staff and reviewed and revised a minimum of quarterly and as needed to reflect the response to care and changing needs and goals. The Point Click Care (PCC) library was used to develop the resident's care plan. The care plan must be customized to each individual resident needs and if there was not a care plan available to meet the resident needs, the facility staff would develop one using the custom care plan in PCC.</p> <p>Review of the Care Plan Process Education post test, dated May 2014, revealed the facility nurses received education on how to identify resident areas which needed to be care planned.</p> <p>1. Review of Resident #3's clinical record revealed the facility admitted the resident on 11/21/13 with a readmission of 04/09/14 with diagnoses of Dementia with Behavioral Disturbances, Difficulty Walking, Muscle Weakness, Bipolar Disorder, Narcolepsy, Closed Fracture of the Clavicle, and Gastritis.</p> <p>Review of the lab reports, dated 03/31/15 and 05/21/15, revealed findings of a Urinary Tract Infections (UTI). The resident's physician ordered intravenous (IV) antibiotic. The resident's organism was listed in the criteria to place residents in contact precaution according to facility policy.</p> <p>Review of Resident #3's care plan for risk of infections related to recurrent UTIs, initiated on 11/21/13 and revised on 06/17/14, revealed no revisions to the care plan to reflect the resident's infections in March and May which required IV antibiotic medication and contact precautions.</p> | F 280 | <p>during the clinical team meeting to ensure the care plans and Kardexes are updated with corrective action if indicated.</p> <p>The DON will audit the compliance by daily monitoring through the clinical meeting. The DON will review results of the audit weekly for 3 months, then biweekly for 3 months. Areas of concern will be corrected when identified. The DON will submit a summary of the finding of the audits to the Monthly Performance Improvement Committee consisting of Administrator, DON, Medical Director, Social Service Director, Activity Director, Maintenance Director, Housekeeping Supervisor and Medical Records for any additional follow-up and/or in-servicing needs until the issue is resolved.</p> | | |



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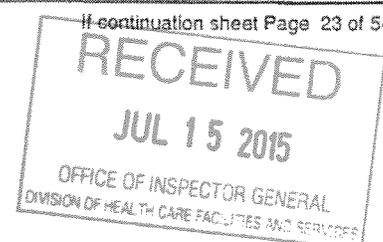
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| F 280 | Continued From page 21 Review of the self-care deficit care plan, revised 04/23/15, identified the resident's history of recurrent UTIs; however, no revision was noted to reflect the UTI in March 2015. In fact, the only revision completed were target dates. No revisions or updated interventions were revised to reflect the resident current status. Interview with the MDS Coordinator, on 06/09/15 at 3:40 PM and 06/10/15 at 11:30 AM and 3:30 PM, revealed care plans were to be updated with the MDS schedule and any changes in the resident's condition; such as falls and infections. She stated it was the responsibility of the nurses working on the unit, the MDS Coordinator, Assistant Director of Nursing and the Director of Nursing to revise/update the care plan. If the care plan was not revised/updated to reflect the changes in the resident's care needs, the resident would not have their care needs met and this could result in a negative outcome. The MDS Coordinator stated, if a resident developed an infection, a care plan should be revised to reflect this change. Interview with the Director of Nursing, on 06/09/15 at 9:30 AM and 10:30 AM and on 06/10/15 at 11:00 AM, revealed Resident #3 had a (UTI) that required contact isolation in March and May of 2015. The care plan should have been updated to reflect those changes in condition and the resident's additional care needs related to those infections. The Director of Nursing, stated any new or recurrent infections, isolation, falls, skin breakdown and behaviors should be placed on the care plan, the 24 hour report and staff should be informed. She could not say why this was not done. | F 280 | | | |



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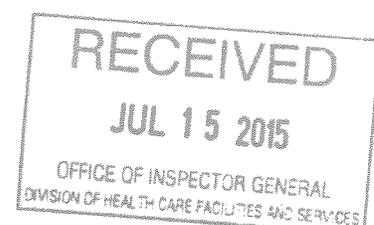
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| F 280 | <p>Continued From page 22</p> <p>2. Review of Resident #2's clinical record revealed the facility admitted the resident on 01/07/15 with diagnoses of Dysphagia, Acute Renal Failure, Speech Disturbance, Cerebral Vascular Accident (CVA), Respiratory Failure Following Trauma and Surgery, Contractures, and Aphasia.</p> <p>Review of the Admission Minimum Data Set (MDS), dated 01/13/15, revealed the facility assessed the resident as receiving all nutrition from a feeding tube. Review of the Quarterly (MDS), dated 04/03/15, revealed the facility assessed the resident as receiving tube feeding and a mechanically altered diet.</p> <p>Review of the comprehensive care plan, revised on 04/07/15, revealed a focus area for enteral feeding tube to meet nutritional needs. One of the interventions included lunch was to be provided daily only with Speech Therapy supervision. The resident was also to have pleasure food with activities. Review of the nursing assistant care card revealed the resident was on a feeding tube.</p> <p>Review of the safe swallowing precautions, dated 04/16/15, for Resident #2 revealed the current diet was soft foods and nectar/syrup thickened liquids. The resident was to not have any straws and was to receive lunch only because resident was generally too tired to eat three meals a day. Review of the comprehensive care plan revealed it had not been revised to include the precautions.</p> <p>Observation of Resident # 2, on 06/09/15 at 12:25 PM, revealed the resident was sitting in the dining area awaiting his/her lunch meal. Review of the meal ticket revealed the resident was to</p> | F 280 | | | |



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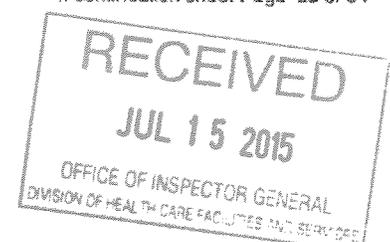
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| F 280 | <p>Continued From page 23</p> <p>have nectar thick liquids and thickened soup.</p> <p>Interview with the MDS Coordinator, on 06/10/15 at 1:00 PM, revealed she updated the care plans quarterly and all the nurses would update the care plans as new orders or problems arise. The care plans should be updated immediately, or as soon as possible, when a change occurred.</p> <p>3. Review of Resident #10 clinical record revealed the facility admitted the resident on 02/05/09 with diagnoses of a Fracture of the Lower Leg, CVA, Dementia, Osteoporosis, Anemia, and Hypertension.</p> <p>Review of Resident #10's quarterly MDS, dated 01/09/15, revealed the resident required an extensive assistance with a two person physical assist for transfers. Review of the comprehensive care plan, dated 06/20/14, revealed the resident was to be transferred with a mechanical lift and assist of two. The resident was to have an ace wrap to the right knee at all times.</p> <p>Observation of Resident #10, on 06/10/15 at 8:15 AM, revealed the resident was laying in bed and staff were going to get him/her up in the Geri Chair. Interview with CNA #3, at this time, revealed the resident was to be gotten up with a lift and assist of three people. She further stated the resident had very brittle bones and they had to be extremely careful in moving her/him. However CNA #2, the aide that had the resident that day, stated the resident was a sheet lift. CNA #3 stated she had always gotten the resident up with a lift. CNA #2 had left the room and CNA #3 and two other aides were going to use the lift, but then decided to have CNA #3 in the room to help since it was her resident and they were not aware</p> | F 280 | | | |



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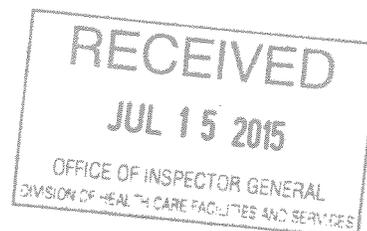
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| F 280 | Continued From page 24 of a sheet lift. The Assistant Director of Nursing (ADON) was brought into the room to help clarify what type of transfer was appropriate for the resident. The ADON went to the nurses station to check and clarify that the transfer was a sheet lift. Review of the comprehensive care plan, dated 06/20/14, revealed the resident was to be transferred with a mechanical lift and assist of two. Interview with the Director of Nursing (DON), on 06/10/15 at 10:15 AM, revealed therapy had suggested last week to use a sheet lift with the resident due to the contractures and osteoporosis. She stated the Interdisciplinary Team (IDT) was supposed to update the care plan and Kardex. She stated the ace wrap to the knee had been discontinued, but the care plan had not been updated. | F 280 | | | |
| F 281 SS=D | 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review it was determined the facility failed to develop an initial care plan regarding nutrition for one (1) of fifteen (15) sampled residents, Resident #5. The facility failed to develop an initial care plan that addressed the risk for aspiration, dehydration, and complications from the use of enteral feeding via a Gastrostomy Tube (G-tube). | F 281 | F 281 Services Provided Meet Professional Standards 1. Resident 5: On 6-11-15 Resident care plan was updated to include the nutritional issues related to the enteral feeding via G-tube by the MDS Coordinator. 2. All resident of the facility have the potential to be affected including residents who receive enteral feedings. Residents who receive enteral feedings and/or other nutritional issues will be audited by the Interdisciplinary Team by 7-16-15 and care plans updated with corrective action at the time of review if indicated. | 7-17-15. | |



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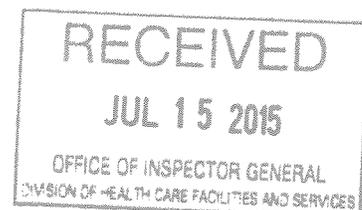
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| F 281 | <p>Continued From page 25</p> <p>The findings include:</p> <p>Review of the Care Plan Policy, revised on 01/02/14, revealed an initial care plan was to be developed within twenty-four hours of admission. The care plan must be customized to meet each individual patient's needs.</p> <p>Review of Resident #5's clinical record revealed the facility admitted the resident on 06/05/15 with diagnoses of Clostridium Difficile (C-Diff), Severe Malnutrition, Chronic Pain, Mental Status Changes, Colitis and Chronic Obstructive Pulmonary Disease (COPD).</p> <p>Review of the initial care plan, dated 06/05/15, revealed focus areas included, falls, infection, comfort, and skin breakdown. There was no initial care plan initiated for the use the G-tube.</p> <p>Observation, on 06/07/15 at 2:25 PM, during the initial tour, revealed Resident #5 was laying in bed with Jevity 2.1 infusing via pump at 50 ml (milliliters) per hour. Observation, on 06/08/15 at 8:44 AM, revealed the Jevity 2.1 was infusing at 50 ml per hour. A Sprite was sitting on the bedside table. Observation, on 06/08/15 at 2:00 PM, revealed the Jevity 2.1 had been turned off as ordered. There were M&M's on the table and water.</p> <p>Interview with the Assistant Director of Nursing (ADON), on 06/07/15 at 4:45 PM, revealed the resident had no restrictions on his/her diet and the G-tube was due to malnutrition, not dysphagia. However, review of the initial care plan revealed it did not address any nutrition guidelines.</p> | F 281 | <p>3. The nurses will be re-educated by the MDS Coordinator by 7-16-15 to ensure all initial care plans include falls, skin issues, acute infections and nutritional issues and enteral feedings if indicated upon admission. A post-test will be given by MDS Coordinator to validate understanding. Staff not available during this timeframe will be provided re-education including post-test upon return to work.</p> <p>4. The DON or Assistant Director of Nursing will review all new admission daily during clinical meeting to ensure appropriate care plans were developed upon admission to include falls, skin issues, acute infections and nutritional issues and enteral feedings if indicated, with corrective action if indicated including 1:1 education with the nursing staff.</p> <p>The DON will submit a summary of the findings of the audits to the Monthly Performance Improvement Committee consisting of Administrator, DON, Medical Director, Social Service Director, Activity Director, Dietary Manager, Housekeeping Supervisor, and Maintenance Director for any additional follow-up and/or in-servicing needs until the issue is resolved.</p> | |



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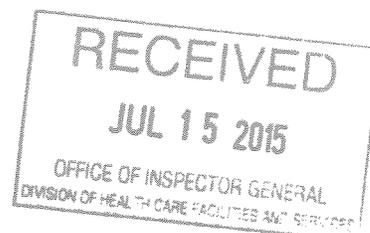
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| F 281 | Continued From page 26 | F 281 | | |
| F 318 SS=E | <p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>Interview with the Minimum Data Set (MDS) Coordinator, on 06/10/15 at 1:00 PM, revealed an initial care plan should include falls, skin issues, acute infections, and nutrition issues, which would include the G-tube. However, review of the initial care plan, dated 06/07/15, revealed there was no focus area for the use of a G-tube and no interventions to direct the nutritional needs of Resident #5.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>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 ensure residents received Restorative Therapy to increase range of motion to prevent further decrease in range of motion, for six (6) of fifteen (15) sampled residents, (#1, #2, #4, #10, #11 and #13).</p> <p>The findings include:</p> <p>Review of the facility's policy regarding Restorative Nursing, revised 10/01/10, revealed</p> | F 318 | <p>F 318 Increase/Prevent Decrease in ROM</p> <p>1. Resident 1: Resident picked up by OT on 6-10-15 to be placed in a Restorative Program after completion of therapy. Care Plan updated by MDS Coordinator for OT 6-15-15.</p> <p>Resident 2: On 6-24-15 the Kardex was updated by MDS Coordinator to reflect the current restorative program and corrections made so the restorative plan matches the orders.</p> <p>Resident 4: Resident picked up by OT on 6-10-15 to be placed in a Restorative Program after completion of therapy by Restorative Nurse. Care Plan updated by MDS Coordinator for OT 6-15-15</p> <p>Resident 10: On 6-10-15 care plan updated by MDS Coordinator. On 6-15 knee immobilizer discontinued by physician and on 6-24 MD reviewed to continue the discontinuation of the immobilizer.</p> | 7-17-15 |



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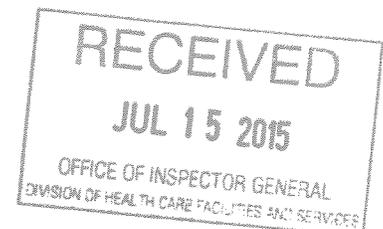
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| F 318 | <p>Continued From page 27</p> <p>Restorative Programs were coordinated by nursing in collaboration with rehabilitation based on specific individual patient needs. A licensed nurse must supervise the activities in the restorative nursing program. The purpose of the Restorative Program was to promote the residents' ability to live independently and safely as possible and for residents to attain and maintain their physical, mental and psychosocial functioning.</p> <p>1. Review of the medical record for Resident #1, revealed the facility admitted the resident on 12/24/14 with diagnoses including Parkinson's Disease, Cerebral Vascular Accident (CVA) with Hemiplegia, Dysphagia and Vascular Dementia.</p> <p>Review of Resident #1's Quarterly Minimum Data Set (MDS) Assessment, dated 04/02/15, revealed the facility was unable to complete The Brief Interview for Mental Status (BIMS) as the resident had no speech and was rarely/never understood. The facility assessed the residents mobility and transfers as requiring extensive assistance with two (2) staff. The facility assessed the residents' functional limitation in range of motion as impaired on one (1) side for the upper and lower extremities.</p> <p>Review of the Occupational Therapy (OT) notes, dated 04/10/15, for Resident #1, revealed the resident received therapy from 02/11/15 through 04/03/15 for splint application to the left hand and Passive Range of Motion (PROM). The resident was discharged from OT and referred to the Restorative Nursing Program on 04/03/15. The</p> | F 318 | <p>Resident 11: On 6-15-15 added to master list and care planned by the MDS Coordinator for ROM added to the comprehensive care plan and Kardex.</p> <p>Resident 13: On 5-7-15 physical therapy picked up and to date remains on case load. No restorative services needed at this time.</p> <p>2. All residents of the facility have the potential to be affected. The Interdisciplinary Team will review residents who have been discharged from therapy to restorative within the past three months to ensure a restorative program had/has been implemented: plan written, care plan updated, care card updated and nursing staff re-educated on the residents' restorative plan of care. This will be completed by the DON on 7-16-15.</p> <p>3. The DON will be reeducated by the Manager of Clinical Operations on the Restorative program by 7-6-15. A post-test will be given to the Director of Nursing by the Manager of Clinical Operations to validate understanding. The DON will re-educate the clinical management team, nurses and CNAs on the restorative program procedures and need to ensure an order is obtained, care plan updated, Kardex updated and nursing staff have received education on following the resident's restorative plan of care by 7-16-15. A post-test will be given by the Director of Nursing or Nurse Managers to validate</p> | | |



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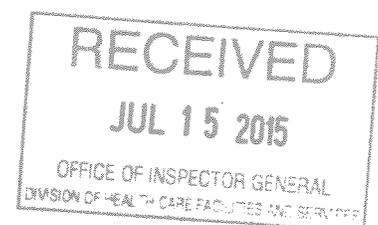
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| F 318 | <p>Continued From page 28</p> <p>recommendation was for PROM to bilateral upper and lower extremities and to wear a hand splint on the left hand for six (6) hours a day with monitoring for sign and symptoms of pressure six (6) to seven (7) days per week. This information was carried over to the Restorative Referral to Nursing on 04/03/15.</p> <p>Review of the Comprehensive Care Plan for Resident #1, initiated on 01/08/15, revealed no care plan for Restorative Therapy nor any documented interventions that included the splint to the left hand or PROM.</p> <p>Review of the Certified Nursing Assistant (CNA) Kardex for Resident #1, undated, revealed a section on the Kardex for Restorative Therapy, including ROM and splint assistance; however, it was blank.</p> <p>Review of the Restorative Nursing Binder on the North Unit, revealed a master list of residents who should receive Restorative Therapy. Resident #1's name was not on the master list and there was not a restorative nursing record found for the resident.</p> <p>Observation, on 06/08/15 at 9:35 AM, revealed Resident #1 was abed on his/her back. The left hand had a rolled wash cloth in the palm of the resident's hand.</p> <p>Observation, on 06/08/16 at 10:35 AM, during a skin assessment for Resident #1 revealed the left hand and fingers were contracted. The thumb and pinky had long fingernails; however, the second, third and fourth fingernails were short. Licensed Practical Nurse (LPN) #3 placed a soft carrot shaped cushion inside the resident's left</p> | F 318 | <p>understanding. Staff not available during this timeframe will be provided re-education including post-test upon return to work.</p> <p>When therapy plans to discharge a resident to a restorative program education with appropriate staff will be started prior to discharge from therapy. The designated Restorative Nurse will ensure physician order is written, care plan updated, Kardex updated and nursing staff has received education.</p> <p>4. The MDS Coordinator/Restorative Nurse will conduct weekly rounds and monitor those who are on a restorative program to ensure the plans are being implemented properly by the clinical staff with corrective action if indicated.</p> <p>The DON will submit a summary of the finding of the audits to the Monthly Performance Improvement Committee consisting of Administrator, DON, Medical Director, Social Service Director, Activity Director, Maintenance Director, Housekeeping Supervisor and Medical Records for any additional follow-up and/or in-servicing needs until the issue is resolved.</p> | | |



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| F 318 | <p>Continued From page 29 hand.</p> <p>Continued observation of Resident #1, revealed on 06/08/15 at 2:10 PM, 4:00 PM and on 06/09/15 at 8:25 AM, revealed no splint was used; however, two (2) hand splints were found in the resident's bedside drawer.</p> <p>Interview, on 06/09/15 at 9:27 AM, with CNA #5 revealed she was providing care for Resident #1. She stated the resident received Restorative Therapy by getting turned every two (2) hours. She stated she applied lotion to the resident's legs as well. She stated there were no hand splints in use for Resident #1.</p> <p>Interview, on 06/09/15 at 9:35 AM, with LPN #3 revealed she was providing care for Resident #1 today. She stated if the resident had splints it would be put on the treatment book and the nurses would put them on. She stated splints for Resident #1 were not on the treatment book and no Restorative Therapy Referral or record was in the Restorative Binder for Resident #1.</p> <p>Interview, on 06/10/15 at 9:50 AM, with LPN #3 revealed she consulted with therapy and found out Resident #1 should have had the splint or the carot to the left hand; however, this information was not documented on the Restorative Therapy Referral or placed in the Restorative Binder. She stated the potential risk for Resident #1 was worsening contractures and skin breakdown. She went on to say she did not look at the restorative binder at the end of the day to ensure treatments were completed and that residents had received restorative. She stated she only updated the care plan for falls and was not sure who was responsible to update the care plans for</p> | F 318 | | | |



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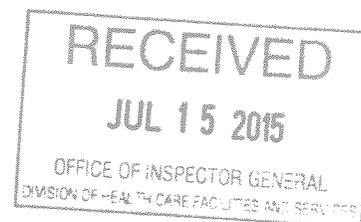
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| F 318 | <p>Continued From page 30 Restorative.</p> <p>Interview, on 06/10/15 at 10:07 AM with Occupational Therapist #1, revealed Resident #1 was very sensitive to touch.</p> <p>Observation, on 06/10/15 at 10:07 AM, revealed OT #1 evaluated Resident #1 for the splint placement and stated the resident was could open the fingers up at least half-way, and this was baseline for Resident #1.</p> <p>Interview, on 06/10/15 at 9:40 AM with Certified Occupational Therapy Assistant (COTA) #1, revealed when Resident #1 was finished with therapy the resident was referred to the Restorative Program. She stated a plan was written up and placed in the DON's mailbox. From there the DON implemented the plan. She stated she educated the DON and Assistant Director of Nursing (ADON) on the splint application for Resident #1, then they would educate the rest of the staff. She stated she had left instructions verbally that if Resident #1 was in too much pain while applying the splint then just use the carrot. However, she failed to write the instructions down. She stated Resident #1 should be receiving some type of Restorative Therapy to prevent worsening of the contractures.</p> <p>2. Review of the medical record for Resident #4, revealed the facility admitted the resident on 02/13/15 with Diagnoses of Vascular Dementia and Macular Degeneration.</p> <p>Review of the Admission MDS Assessment for Resident #4, dated 02/25/15, revealed the facility assessed the resident's cognition with a BIMS</p> | F 318 | | |

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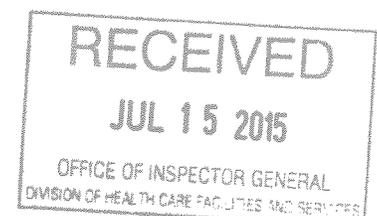
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| F 318 | <p>Continued From page 31</p> <p>score of nine (9) of possible fifteen (15) which indicated the resident was moderately impaired, and not interviewable. The facility assessed the resident for bed mobility and ambulation as requiring extensive assistance of one (1) staff.</p> <p>Review of the Restorative Therapy Referral to Nursing for Resident #4, revealed on 04/23/15 OT Service recommended ROM and walking/ambulation, which included walk to dine six (6) to seven (7) days per week.</p> <p>Review of the Comprehensive Care Plan for Resident #4, revealed a care plan was initiated on 03/05/15 for risk of falling. Interventions included to assist with ambulation of one (1) person using a rolling walker. There was nothing on the Comprehensive Care Plan regarding Restorative Therapy or ROM.</p> <p>Review of the CNA Kardex, undated, for Resident #4 revealed no documentation or guidance under the section Restorative Nursing Program.</p> <p>Review of the Master List for Restorative Nursing on the North Unit, revealed Resident #4's name was not listed; however, under the room number there was a Restorative Nursing Record for Resident #4.</p> <p>Review of the Restorative Nursing Record for Resident #4, revealed for the month of May, 2015, the 7-3 shift only documented six (6) of thirty-one (31) days the resident ambulated to the main dining room with assistance of one (1) for meals and active range of motion to bilateral upper and lower extremities. For 3-11 shift there was no documentation on eleven (11) of thirty-one (31) days. Continued review of the</p> | F 318 | | | |



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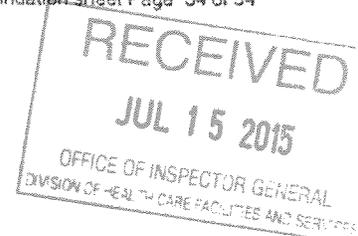
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| F 318 | <p>Continued From page 32</p> <p>Restorative Nursing Record for Resident #4, revealed for the month of June, 2015, there was no documented for ambulation to the dining room, with one (1) day documented on the 7-3 shift and two (2) days documentation on the 3-11 shift for Active Range of Motion.</p> <p>Observation, on 06/08/15 at 2:10 PM, revealed Resident #4 was ambulating alone in the room to the bathroom, then proceeded to ambulate down the hallway to the dining room for an activity. No staff assisted the resident.</p> <p>3. Review of the medical record for Resident #11, revealed the facility admitted the resident on 01/28/15 with Diagnosis including Pneumonia, Dysphagia, Left Above the Knee Amputation and Kyphosis.</p> <p>Review of the Quarterly MDS Assessment, dated 04/13/15, for Resident #11, revealed the facility assessed the resident's cognition using the BIMS, with a score of 12, moderately impaired, which meant the resident was interviewable.. The facility assessed the resident's functional status with bed mobility to require extensive assistance of two (2) person physical assist. The facility assessed the resident's range of motion as having impairment of the lower extremity on one (1) side.</p> <p>Review of the Occupational Therapist notes, dated 03/23/15, for Resident #11, revealed the resident was discharged to the Restorative Nursing Program after 04/11/15. The Restorative Therapy Referral to Nursing recommended restorative services for self feeding, swallowing, and active range of motion to bilateral upper and right lower extremity six (6) to seven (7) days per week.</p> | F 318 | | | |



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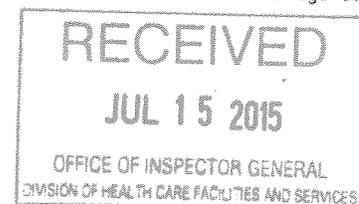
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| F 318 | <p>Continued From page 33</p> <p>Review of the Comprehensive Care Plan, dated 04/10/15, for Resident #11, revealed a care plan was developed for Risk of Aspiration. This included interventions recommended from Therapy to Restorative Therapy. There was no care plan or interventions for ROM.</p> <p>Review of the CNA Kardex, undated, for Resident #11, revealed nothing was checked under the section Restorative Therapy including ROM.</p> <p>Review of the Restorative Binder for the North Unit revealed Resident #11 was not listed on the Master List. The resident did have a restorative nursing record in the binder under the room # which included ROM and feeding.</p> <p>Review of the Restorative Nursing Record for Resident #11, revealed for the Month of May 2015, only eight (8) of thirty-one (31) days on the 7-3 shift were signed off that ROM and Restorative Dining was provided. On the 3-11 shift, only fifteen (15) of thirty-one days were signed off that ROM and Restorative Dining was provided. Review of the month of June 2015, revealed nothing was signed as completed for the 7-3 or the 3-11 shifts for AROM. For Restorative Dining only one (1) day on 7-3 shift and only two (2) days on 3-11 were signed off.</p> <p>Observation, on 06/09/15 at 5:30 PM, revealed Resident #11 was in bed, waiting on staff to transfer the resident to a wheelchair via a mechanical lift. The resident's left leg was observed to be slightly bent at the knee.</p> <p>Observation, on 06/09/15 at 5:45 PM, revealed Resident #11 was sitting up in a wheelchair in the</p> | F 318 | | | |



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| F 318 | <p>Continued From page 34</p> <p>Restorative Dining Room and attempted to feed self.</p> <p>Observation, on 06/10/15 at 8:30 AM, revealed Resident #11 was sitting up in a wheelchair in the Restorative Dining Room. Staff assisted the resident with eating.</p> <p>Interview, on 06/10/15 at 9:15 AM, with CNA #7 revealed he was assigned to care for the residents on the North Hall. He stated he checked the CNA Kardex and got report from the previous shift. He stated he was not sure if any of his residents were getting Restorative Services, but he would have to check. He stated he had been trained on Restorative Care and provided ROM for residents in his care. He stated CNAs had the ability to apply splints if that was ordered for the resident. He stated Resident #11 did not have splints. He came back and stated Resident #4 received ROM and walk to dine and Resident #11 received ROM. He stated he normally documented throughout the day in the restorative binder after care was given. He stated the potential complications of residents not receiving restorative therapy was an increase in contractures, stiffness, and decrease mobility.</p> <p>Interview, on 06/10/15 at 10:30 AM, with the Assistant Director of Nursing (ADON) revealed the MDS nurse had primary oversight of the Restorative Program until a few months ago, then nursing took it over. She stated the process for the Restorative Program was therapy would make a referral and place it in the DON's box. Then the DON would write up a Nursing Restorative Plan, and place it in the restorative binder. She stated that information was communicated to nursing, verbally by the DON,</p> | F 318 | | | |



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| F 318 | <p>Continued From page 35</p> <p>then the plan was put in place. She state there should be a care plan for the Restorative Program, however, she was unsure if the DON was documenting on the CNA Kardex. She stated the nurses were to ensure restorative services were being provided and review the restorative binder for documentation. She stated currently the Director of Nursing (DON) was overseeing the Restorative Program, but they were still training the process of how to implement the program. She stated the potential risk to the residents if they did not receive restorative services was a decline in function and increase of contractures.</p> <p>Interview, on 06/10/15 at 11:00 AM, with the DON revealed she was currently responsible for the Restorative Program. She stated she took over the program in March 2015 because it was too much for the MDS nurse. She stated she had identified the nurses and CNA's needed more training, so there was an inservice conducted in March 2015 in regard to ROM and splint applications. She stated the Therapy Department would make recommendations and then she would follow up during weekly quality rounds. She stated she was doing everything related to informing staff about residents who were on Restorative Program except the CNA Kardex, that the nurses should be updating. She stated her expectation was that the nurses were checking the Restorative Binders at the end of the day to ensure they were signed off and holes were filled in. She stated in regards to Resident #1, therapy had trained her on the application of the splint, but it was so painful to the resident therapy changed to the carrot. She stated the plan should have been written up by her or therapy, and placed in the Restorative Binder, however, she gave no explanation for the missing plan. She</p> | F 318 | | | |

