

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL
PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

ID: MKNW

Facility ID: 00175

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 245203 2. STATE VENDOR OR MEDICAID NO. (L2) 1780028878	3. NAME AND ADDRESS OF FACILITY (L3) THE VILLA AT BRYN MAWR (L4) 275 PENN AVENUE NORTH (L5) MINNEAPOLIS, MN (L6) 55405	4. TYPE OF ACTION: <u>7</u> (L8) <table style="width:100%; font-size: small;"> <tr> <td>1. Initial</td> <td>2. Recertification</td> </tr> <tr> <td>3. Termination</td> <td>4. CHOW</td> </tr> <tr> <td>5. Validation</td> <td>6. Complaint</td> </tr> <tr> <td>7. On-Site Visit</td> <td>9. Other</td> </tr> </table> 8. Full Survey After Complaint FISCAL YEAR ENDING DATE: (L35) <p align="center">12/31</p>	1. Initial	2. Recertification	3. Termination	4. CHOW	5. Validation	6. Complaint	7. On-Site Visit	9. Other																						
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5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9) 08/01/2013 6. DATE OF SURVEY 08/14/2014 (L34) 8. ACCREDITATION STATUS: ___ (L10) 0 Unaccredited 1 TJC 2 AOA 3 Other	7. PROVIDER/SUPPLIER CATEGORY <u>02</u> (L7) <table style="width:100%; font-size: x-small;"> <tr> <td>01 Hospital</td> <td>05 HHA</td> <td>09 ESRD</td> <td>13 PTIP</td> <td>22 CLIA</td> </tr> <tr> <td>02 SNF/NF/Dual</td> <td>06 PRTF</td> <td>10 NF</td> <td>14 CORF</td> <td></td> </tr> <tr> <td>03 SNF/NF/Distinct</td> <td>07 X-Ray</td> <td>11 ICF/IID</td> <td>15 ASC</td> <td></td> </tr> <tr> <td>04 SNF</td> <td>08 OPT/SP</td> <td>12 RHC</td> <td>16 HOSPICE</td> <td></td> </tr> </table>	01 Hospital	05 HHA	09 ESRD	13 PTIP	22 CLIA	02 SNF/NF/Dual	06 PRTF	10 NF	14 CORF		03 SNF/NF/Distinct	07 X-Ray	11 ICF/IID	15 ASC		04 SNF	08 OPT/SP	12 RHC	16 HOSPICE		10. THE FACILITY IS CERTIFIED AS: <table style="width:100%; font-size: x-small;"> <tr> <td style="width:50%; vertical-align: top;"> X A. In Compliance With Program Requirements Compliance Based On: 1. Acceptable POC B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: A5 (L12) </td> <td style="width:50%; vertical-align: top;"> And/Or Approved Waivers Of The Following Requirements: <table style="width:100%; font-size: x-small;"> <tr> <td>___ 2. Technical Personnel</td> <td>___ 6. Scope of Services Limit</td> </tr> <tr> <td>___ 3. 24 Hour RN</td> <td>___ 7. Medical Director</td> </tr> <tr> <td><u>X</u> 4. 7-Day RN (Rural SNF)</td> <td>___ 8. Patient Room Size</td> </tr> <tr> <td>___ 5. Life Safety Code</td> <td>___ 9. Beds/Room</td> </tr> </table> </td> </tr> </table>	X A. In Compliance With Program Requirements Compliance Based On: 1. Acceptable POC B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: A5 (L12)	And/Or Approved Waivers Of The Following Requirements: <table style="width:100%; font-size: x-small;"> <tr> <td>___ 2. Technical Personnel</td> <td>___ 6. Scope of Services Limit</td> </tr> <tr> <td>___ 3. 24 Hour RN</td> <td>___ 7. Medical Director</td> </tr> <tr> <td><u>X</u> 4. 7-Day RN (Rural SNF)</td> <td>___ 8. Patient Room Size</td> </tr> <tr> <td>___ 5. Life Safety Code</td> <td>___ 9. Beds/Room</td> </tr> </table>	___ 2. Technical Personnel	___ 6. Scope of Services Limit	___ 3. 24 Hour RN	___ 7. Medical Director	<u>X</u> 4. 7-Day RN (Rural SNF)	___ 8. Patient Room Size	___ 5. Life Safety Code	___ 9. Beds/Room
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11. LTC PERIOD OF CERTIFICATION From (a) : To (b) : 12. Total Facility Beds 112 (L18) 13. Total Certified Beds 112 (L17)	14. LTC CERTIFIED BED BREAKDOWN <table style="width:100%; font-size: x-small;"> <tr> <td style="width:15%;">18 SNF</td> <td style="width:15%;">18/19 SNF</td> <td style="width:15%;">19 SNF</td> <td style="width:15%;">ICF</td> <td style="width:15%;">IID</td> </tr> <tr> <td></td> <td align="center">112</td> <td></td> <td></td> <td></td> </tr> <tr> <td>(L37)</td> <td>(L38)</td> <td>(L39)</td> <td>(L42)</td> <td>(L43)</td> </tr> </table>	18 SNF	18/19 SNF	19 SNF	ICF	IID		112				(L37)	(L38)	(L39)	(L42)	(L43)	15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): (L15)															
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(L37)	(L38)	(L39)	(L42)	(L43)																												
16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE): <p align="center">The facility's request for a continuing waiver involving the deficiency cited at K67 is recommended.</p>																																
17. SURVEYOR SIGNATURE <u>Gayle Lantto, Supervisor</u>	Date : 08/25/2014 (L19)	18. STATE SURVEY AGENCY APPROVAL <u>Anne Kleppe, Enforcement Specialist</u>																														
		Date: 09/16/2014 (L20)																														

PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY <input checked="" type="checkbox"/> 1. Facility is Eligible to Participate <input type="checkbox"/> 2. Facility is not Eligible <p align="right">(L21)</p>	20. COMPLIANCE WITH CIVIL RIGHTS ACT: _____	21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above : _____												
22. ORIGINAL DATE OF PARTICIPATION 10/01/1978 (L24)	23. LTC AGREEMENT BEGINNING DATE (L41)	24. LTC AGREEMENT ENDING DATE (L25)												
25. LTC EXTENSION DATE: (L27)	27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: (L44) B. Rescind Suspension Date: (L45)													
28. TERMINATION DATE: (L28)	29. INTERMEDIARY/CARRIER NO. <p align="center">00270</p> (L31)													
31. RO RECEIPT OF CMS-1539 (L32)	32. DETERMINATION OF APPROVAL DATE 08/12/2014 (L33)													
26. TERMINATION ACTION: (L30) <table style="width:100%; font-size: x-small;"> <tr> <td style="width:50%;"><u>VOLUNTARY</u> 00</td> <td style="width:50%;"><u>INVOLUNTARY</u></td> </tr> <tr> <td>01-Merger, Closure</td> <td>05-Fail to Meet Health/Safety</td> </tr> <tr> <td>02-Dissatisfaction W/ Reimbursement</td> <td>06-Fail to Meet Agreement</td> </tr> <tr> <td>03-Risk of Involuntary Termination</td> <td><u>OTHER</u></td> </tr> <tr> <td>04-Other Reason for Withdrawal</td> <td>07-Provider Status Change</td> </tr> <tr> <td></td> <td>00-Active</td> </tr> </table>			<u>VOLUNTARY</u> 00	<u>INVOLUNTARY</u>	01-Merger, Closure	05-Fail to Meet Health/Safety	02-Dissatisfaction W/ Reimbursement	06-Fail to Meet Agreement	03-Risk of Involuntary Termination	<u>OTHER</u>	04-Other Reason for Withdrawal	07-Provider Status Change		00-Active
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30. REMARKS DETERMINATION APPROVAL														



Protecting, Maintaining and Improving the Health of Minnesotans

CMS Certification Number (CCN): 24-5203

September 16, 2014

Ms. Patsy Voelker, Administrator
The Villa at Bryn Mawr
275 Penn Avenue North
Minneapolis, Minnesota 55405

Dear Ms. Voelker:

The Minnesota Department of Health assists the Centers for Medicare and Medicaid Services (CMS) by surveying skilled nursing facilities and nursing facilities to determine whether they meet the requirements for participation. To participate as a skilled nursing facility in the Medicare program or as a nursing facility in the Medicaid program, a provider must be in substantial compliance with each of the requirements established by the Secretary of Health and Human Services found in 42 CFR part 483, Subpart B.

Based upon your facility being in substantial compliance, we are recommending to CMS that your facility be recertified for participation in the Medicare and Medicaid program the Minnesota Department of Human Services that your facility is recertified in the Medicaid program.

Effective July 29, 2014 the above facility is certified for or recommended for:

112 - Skilled Nursing Facility/Nursing Facility Beds

Your facility's Medicare approved area consists of all 112 skilled nursing facility beds,

Your request for waiver of Life Safety Code Requirement K067 has been approved based on the submitted documentation.

If you are not in compliance with the above requirements at the time of your next survey, you will be required to submit a Plan of Correction for these deficiency(ies) or renew your request for waiver in order to continue your participation in the Medicare and Medicaid Program.

You should advise our office of any changes in staffing, services, or organization, which might affect your certification status.

If, at the time of your next survey, we find your facility to not be in substantial compliance your Medicare and Medicaid provider agreement may be subject to non-renewal or termination.

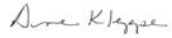
The Villa At Bryn Mawr

September 16, 2014

Page 2

Please contact me if you have any questions.

Sincerely,



Anne Kleppe, Enforcement Specialist
Licensing and Certification Program
Division of Compliance Monitoring
Minnesota Department of Health
Email: anne.kleppe@state.mn.us
Telephone: (651) 201-4124 Fax: (651) 215-9697



Protecting, Maintaining and Improving the Health of Minnesotans

September 15, 2014

Ms. Patsy Voelker, Administrator
The Villa at Bryn Mawr
275 Penn Avenue North
Minneapolis, Minnesota 55405

RE: Project Number S5203023

Dear Ms. Voelker:

On July 2, 2014, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for a standard survey, completed on June 13, 2014. This survey found the most serious deficiencies to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F) whereby corrections were required.

On August 14, 2014, the Minnesota Department of Health completed a Post Certification Revisit (PCR) by review of your plan of correction and on July 31, 2014 the Minnesota Department of Public Safety completed a PCR to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on June 13, 2014. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of July 29, 2014. Based on our PCR, we have determined that your facility has corrected the deficiencies issued pursuant to our standard survey, completed on June 13, 2014, effective July 29, 2014 and therefore remedies outlined in our letter to you dated July 2, 2014, will not be imposed.

Your request for a continuing waiver involving the deficiencies cited under K067 at the time of the June 13, 2014 standard survey has been forwarded to CMS for their review and determination. Your facility's compliance is based on pending CMS approval of your request for waiver.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. Enclosed is a copy of the Post Certification Revisit Form, (CMS-2567B) from this visit. Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads "Anne Kleppe".

Anne Kleppe, Enforcement Specialist
Licensing and Certification Program
Division of Compliance Monitoring,
Minnesota Department of Health
Email: anne.kleppe@state.mn.us Telephone: (651) 201-4124 Fax: (651) 215-9697

Enclosure

cc: Licensing and Certification File

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 245203	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/14/2014
Name of Facility THE VILLA AT BRYN MAWR		Street Address, City, State, Zip Code 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>F0156</u> Reg. # <u>483.10(b)(5) - (10), 483.10(t)</u> LSC _____	Correction Completed <u>07/23/2014</u>	ID Prefix <u>F0157</u> Reg. # <u>483.10(b)(11)</u> LSC _____	Correction Completed <u>07/23/2014</u>	ID Prefix <u>F0225</u> Reg. # <u>483.13(c)(1)(ii)-(iii), (c)(2) -</u> LSC _____	Correction Completed <u>07/23/2014</u>	ID Prefix <u>F0226</u> Reg. # <u>483.13(c)</u> LSC _____	Correction Completed <u>07/23/2014</u>
ID Prefix <u>F0248</u> Reg. # <u>483.15(f)(1)</u> LSC _____	Correction Completed <u>07/23/2014</u>	ID Prefix <u>F0250</u> Reg. # <u>483.15(a)(1)</u> LSC _____	Correction Completed <u>07/23/2014</u>	ID Prefix <u>F0279</u> Reg. # <u>483.20(d), 483.20(k)(1)</u> LSC _____	Correction Completed <u>07/23/2014</u>	ID Prefix <u>F0280</u> Reg. # <u>483.20(d)(3), 483.10(k)(2)</u> LSC _____	Correction Completed <u>07/23/2014</u>
ID Prefix <u>F0309</u> Reg. # <u>483.25</u> LSC _____	Correction Completed <u>07/23/2014</u>	ID Prefix <u>F0311</u> Reg. # <u>483.25(a)(2)</u> LSC _____	Correction Completed <u>07/23/2014</u>	ID Prefix _____ Reg. # _____ LSC _____		ID Prefix _____ Reg. # _____ LSC _____	

Reviewed By _____ State Agency	Reviewed By GD/AK	Date: 09/15/2014	Signature of Surveyor: 31223	Date: 08/14/2014
Reviewed By _____ CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 245203	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/14/2014
Name of Facility THE VILLA AT BRYN MAWR		Street Address, City, State, Zip Code 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>F0328</u> Reg. # <u>483.25(k)</u> LSC _____	Correction Completed <u>07/23/2014</u>	ID Prefix <u>F0329</u> Reg. # <u>483.25(l)</u> LSC _____	Correction Completed <u>07/23/2014</u>	ID Prefix <u>F0353</u> Reg. # <u>483.30(a)</u> LSC _____	Correction Completed <u>07/23/2014</u>	ID Prefix <u>F0412</u> Reg. # <u>483.55(b)</u> LSC _____	Correction Completed <u>07/23/2014</u>
ID Prefix <u>F0412</u> Reg. # <u>483.55(b)</u> LSC _____	Correction Completed <u>07/23/2014</u>	ID Prefix <u>F0428</u> Reg. # <u>483.60(c)</u> LSC _____	Correction Completed <u>07/23/2014</u>	ID Prefix <u>F0431</u> Reg. # <u>483.60(b), (d), (e)</u> LSC _____	Correction Completed <u>07/23/2014</u>	ID Prefix <u>F0441</u> Reg. # <u>483.65</u> LSC _____	Correction Completed <u>07/23/2014</u>
ID Prefix <u>F0441</u> Reg. # <u>483.65</u> LSC _____	Correction Completed <u>07/23/2014</u>	ID Prefix <u>F0463</u> Reg. # <u>483.70(f)</u> LSC _____	Correction Completed <u>07/23/2014</u>				

Reviewed By _____ State Agency	Reviewed By GD/AK	Date: 09/15/2014	Signature of Surveyor: 31223	Date: 08/14/2014
Reviewed By _____ CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 6/13/2014	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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Post-Certification Revisit Report

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(Y1) Provider / Supplier / CLIA / Identification Number 245203	(Y2) Multiple Construction A. Building 01 - MAIN BUILDING 01 B. Wing	(Y3) Date of Revisit 7/31/2014
Name of Facility THE VILLA AT BRYN MAWR		Street Address, City, State, Zip Code 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix _____ Reg. # NFPA 101 LSC K0045	Correction Completed 07/23/2014	ID Prefix _____ Reg. # NFPA 101 LSC K0066	Correction Completed 07/23/2014	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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Reviewed By _____ State Agency	Reviewed By PS/AK	Date: 09/15/2014	Signature of Surveyor: 28120	Date: 07/31/2014
Reviewed By _____ CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 6/11/2014	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 00175	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/14/2014
Name of Facility THE VILLA AT BRYN MAWR		Street Address, City, State, Zip Code 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>20265</u> Reg. # <u>MN Rule 4658.0085</u> LSC _____	Correction Completed <u>08/14/2014</u>	ID Prefix <u>20500</u> Reg. # <u>MN Rule 4658.0275 Subp. 1</u> LSC _____	Correction Completed <u>08/14/2014</u>	ID Prefix <u>20560</u> Reg. # <u>MN Rule 4658.0405 Subp. 1</u> LSC _____	Correction Completed <u>08/14/2014</u>
ID Prefix <u>20565</u> Reg. # <u>MN Rule 4658.0405 Subp. 1</u> LSC _____	Correction Completed <u>08/14/2014</u>	ID Prefix <u>20570</u> Reg. # <u>MN Rule 4658.0405 Subp. 1</u> LSC _____	Correction Completed <u>08/14/2014</u>	ID Prefix <u>20800</u> Reg. # <u>MN Rule 4658.0510 Subp. 1</u> LSC _____	Correction Completed <u>08/14/2014</u>
ID Prefix <u>20830</u> Reg. # <u>MN Rule 4658.0520 Subp. 1</u> LSC _____	Correction Completed <u>08/14/2014</u>	ID Prefix <u>20915</u> Reg. # <u>MN Rule 4658.0525 Subp. 1</u> LSC _____	Correction Completed <u>08/14/2014</u>	ID Prefix <u>21325</u> Reg. # <u>MN Rule 4658.0725 Subp. 1</u> LSC _____	Correction Completed <u>08/14/2014</u>
ID Prefix <u>21375</u> Reg. # <u>MN Rule 4658.0800 Subp. 1</u> LSC _____	Correction Completed <u>08/14/2014</u>	ID Prefix <u>21426</u> Reg. # <u>MN St. Statute 144A.04 Subp. 1</u> LSC _____	Correction Completed <u>08/14/2014</u>	ID Prefix <u>21450</u> Reg. # <u>MN Rule 4658.0900 Subp. 1</u> LSC _____	Correction Completed <u>08/14/2014</u>
ID Prefix <u>21475</u> Reg. # <u>MN Rule 4658.1005 Subp. 1</u> LSC _____	Correction Completed <u>08/14/2014</u>	ID Prefix <u>21530</u> Reg. # <u>MN Rule 4658.1310 A.B.C</u> LSC _____	Correction Completed <u>08/14/2014</u>	ID Prefix <u>21535</u> Reg. # <u>MN Rule 4658.1315 Subp. 1</u> LSC _____	Correction Completed <u>08/14/2014</u>

Reviewed By _____	Reviewed By GD/AK	Date: 09/15/2014	Signature of Surveyor: 31223	Date: 08/14/2014
Reviewed By _____	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 00175	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/14/2014
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Name of Facility THE VILLA AT BRYN MAWR	Street Address, City, State, Zip Code 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date				
ID Prefix <u>21610</u> Reg. # <u>MN Rule 4658.1340 Subp.</u> LSC _____	Correction Completed <u>08/14/2014</u>	ID Prefix <u>21695</u> Reg. # <u>MN Rule 4658.1415 Subp.</u> LSC _____	Correction Completed <u>08/14/2014</u>	ID Prefix <u>21800</u> Reg. # <u>MN St. Statute 144.651 Sub</u> LSC _____	Correction Completed <u>08/14/2014</u>	ID Prefix <u>21800</u> Reg. # <u>MN St. Statute 144.651 Sub</u> LSC _____	Correction Completed <u>08/14/2014</u>
ID Prefix <u>21810</u> Reg. # <u>MN St. Statute 144.651 Sul</u> LSC _____	Correction Completed <u>08/14/2014</u>	ID Prefix <u>21995</u> Reg. # <u>MN St. Statute 626.557 Sul</u> LSC _____	Correction Completed <u>08/14/2014</u>	ID Prefix <u>22000</u> Reg. # <u>MN St. Statute 626.557 Su</u> LSC _____	Correction Completed <u>08/14/2014</u>	ID Prefix <u>22000</u> Reg. # <u>MN St. Statute 626.557 Su</u> LSC _____	Correction Completed <u>08/14/2014</u>
				Reviewed By _____ State Agency	Reviewed By GD/AK	Date: 09/15/2014	Signature of Surveyor: 31223 Date: 08/14/2014
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____ Date: _____	Followup to Survey Completed on: 6/13/2014	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO		



Protecting, Maintaining and Improving the Health of Minnesotans

September 16, 2014

Ms. Patsy Voelker, Administrator
The Villa at Bryn Mawr
275 Penn Avenue North
Minneapolis, Minnesota 55405

Re: Enclosed Reinspection Results - Project Number S5203023

Dear Ms. Voelker:

On August 14, 2014 survey staff of the Minnesota Department of Health, Licensing and Certification Program completed a reinspection of your facility, to determine correction of orders found on the survey completed on June 13, 2014. At this time these correction orders were found corrected and are listed on the attached Revisit Report Form.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in cursive script that reads "Anne Kleppe".

Anne Kleppe, Enforcement Specialist
Licensing and Certification Program
Division of Compliance Monitoring
Minnesota Department of Health
Email: anne.kleppe@state.mn.us
Telephone: (651) 201-4124 Fax: (651) 215-9697

Enclosure(s)

cc: Original - Facility
Licensing and Certification File

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL
PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

ID: MKNW
Facility ID: 00175

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 245203 2. STATE VENDOR OR MEDICAID NO. (L2) 1780028878	3. NAME AND ADDRESS OF FACILITY (L3) THE VILLA AT BRYN MAWR (L4) 275 PENN AVENUE NORTH (L5) MINNEAPOLIS, MN (L6) 55405	4. TYPE OF ACTION: <u>2</u> (L8) 1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 9. Other 8. Full Survey After Complaint																
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9) 08/01/2013 6. DATE OF SURVEY 06/13/2014 (L34) 8. ACCREDITATION STATUS: <u> </u> (L10) 0 Unaccredited 1 TJC 2 AOA 3 Other	7. PROVIDER/SUPPLIER CATEGORY <u>02</u> (L7) 01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA 02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF 03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC 04 SNF 08 OPT/SP 12 RHC 16 HOSPICE	FISCAL YEAR ENDING DATE: (L35) 12/31																
11. LTC PERIOD OF CERTIFICATION From (a) : To (b) : 12. Total Facility Beds 112 (L18) 13. Total Certified Beds 112 (L17)	10. THE FACILITY IS CERTIFIED AS: A. In Compliance With Program Requirements Compliance Based On: 1. Acceptable POC B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: B, 5* (L12) And/Or Approved Waivers Of The Following Requirements: <u> </u> 2. Technical Personnel <u> </u> 6. Scope of Services Limit <u> </u> 3. 24 Hour RN <u> </u> 7. Medical Director <u> </u> 4. 7-Day RN (Rural SNF) <u> </u> 8. Patient Room Size <u> X </u> 5. Life Safety Code <u> </u> 9. Beds/Room																	
14. LTC CERTIFIED BED BREAKDOWN <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">18 SNF</td> <td style="width:15%;">18/19 SNF</td> <td style="width:15%;">19 SNF</td> <td style="width:15%;">ICF</td> <td style="width:15%;">IID</td> </tr> <tr> <td></td> <td style="text-align: center;">112</td> <td></td> <td></td> <td></td> </tr> <tr> <td>(L37)</td> <td>(L38)</td> <td>(L39)</td> <td>(L42)</td> <td>(L43)</td> </tr> </table>			18 SNF	18/19 SNF	19 SNF	ICF	IID		112				(L37)	(L38)	(L39)	(L42)	(L43)	15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): (L15)
18 SNF	18/19 SNF	19 SNF	ICF	IID														
	112																	
(L37)	(L38)	(L39)	(L42)	(L43)														
16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE): The facility's request for a continuing waiver involving the deficiency cited at K67 was previously forwarded. Approval of the waiver request was recommended.																		
17. SURVEYOR SIGNATURE <u>Kathy Sass, HPR Dietary Specialist</u> Date : 07/25/2014 (L19)	18. STATE SURVEY AGENCY APPROVAL <u>Anne Kleppe, Enforcement Specialist</u> 08/06/2014 (L20)																	

PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY <input type="checkbox"/> 1. Facility is Eligible to Participate <input type="checkbox"/> 2. Facility is not Eligible (L21)	20. COMPLIANCE WITH CIVIL RIGHTS ACT: <input type="checkbox"/>	21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above : <u> </u>
22. ORIGINAL DATE OF PARTICIPATION 10/01/1978 (L24)	23. LTC AGREEMENT BEGINNING DATE (L41)	24. LTC AGREEMENT ENDING DATE (L25)
25. LTC EXTENSION DATE: (L27)	27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: (L44) B. Rescind Suspension Date: (L45)	
26. TERMINATION ACTION: (L30) VOLUNTARY <u>00</u> 01-Merger, Closure 02-Dissatisfaction W/ Reimbursement 03-Risk of Involuntary Termination 04-Other Reason for Withdrawal INVOLUNTARY 05-Fail to Meet Health/Safety 06-Fail to Meet Agreement OTHER 07-Provider Status Change 00-Active		
28. TERMINATION DATE: (L28)	29. INTERMEDIARY/CARRIER NO. 00270 (L31)	
31. RO RECEIPT OF CMS-1539 (L32)	32. DETERMINATION OF APPROVAL DATE (L33)	
DETERMINATION APPROVAL		



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7013 2250 0001 6356 5187

July 2, 2014

Ms. Patsy Voelker, Administrator
The Villa at Bryn Mawr
275 Penn Avenue North
Minneapolis, Minnesota 55405

RE: Project Number S5203023

Dear Ms. Voelker:

On June 13, 2014, a standard survey was completed at your facility by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be widespread deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level F), as evidenced by the attached CMS-2567 whereby corrections are required. A copy of the Statement of Deficiencies (CMS-2567) is enclosed.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

This letter provides important information regarding your response to these deficiencies and addresses the following issues:

Opportunity to Correct - the facility is allowed an opportunity to correct identified deficiencies before remedies are imposed;

Plan of Correction - when a plan of correction will be due and the information to be contained in that document;

Remedies - the type of remedies that will be imposed with the authorization of the Centers for Medicare and Medicaid Services (CMS) if substantial compliance is not attained at the time of a revisit;

Potential Consequences - the consequences of not attaining substantial compliance 3 and 6 months after the survey date; and

Informal Dispute Resolution - your right to request an informal reconsideration to dispute the attached deficiencies.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" tag), i.e., the plan of correction should be directed to:

Gloria Derfus, Unit Supervisor
Minnesota Department of Health
P.O. Box 64900
St. Paul, Minnesota 55164-0900
Telephone: (651) 201-3792
Fax: (651) 201-3790

OPPORTUNITY TO CORRECT - DATE OF CORRECTION - REMEDIES

As of January 14, 2000, CMS policy requires that facilities will not be given an opportunity to correct before remedies will be imposed when actual harm was cited at the last standard or intervening survey and also cited at the current survey. Your facility does not meet this criterion. Therefore, if your facility has not achieved substantial compliance by July 23, 2014, the Department of Health will impose the following remedy:

- State Monitoring. (42 CFR 488.422)

In addition, the Department of Health is recommending to the CMS Region V Office that if your facility has not achieved substantial compliance by July 23, 2014 the following remedy will be imposed:

- Per instance civil money penalties. (42 CFR 488.430 through 488.444)

PLAN OF CORRECTION (PoC)

A PoC for the deficiencies must be submitted within **ten calendar days** of your receipt of this letter. Your PoC must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system;
- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the

State will notify the facility. If the plan of correction is acceptable, the State will notify the facility. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not alleviated in cases where notification about the acceptability of their plan of correction is not made timely. The plan of correction will serve as the facility's allegation of compliance; and,

- Include signature of provider and date.

If an acceptable PoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

Failure to submit an acceptable PoC could also result in the termination of your facility's Medicare and/or Medicaid agreement.

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's PoC will serve as your allegation of compliance upon the Department's acceptance. Your signature at the bottom of the first page of the CMS-2567 form will be used as verification of compliance. In order for your allegation of compliance to be acceptable to the Department, the PoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your PoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable PoC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification. A Post Certification Revisit (PCR) will occur after the date you identified that compliance was achieved in your plan of correction.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved PoC, unless it is determined that either correction actually occurred between the latest correction date on the PoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the PoC.

Original deficiencies not corrected

If your facility has not achieved substantial compliance, we will impose the remedies described above. If the level of noncompliance worsened to a point where a higher category of remedy may be imposed, we will recommend to the CMS Region V Office that those other remedies be imposed.

Original deficiencies not corrected and new deficiencies found during the revisit

If new deficiencies are identified at the time of the revisit, those deficiencies may be disputed through the informal dispute resolution process. However, the remedies specified in this letter will be imposed for original deficiencies not corrected. If the deficiencies identified at the revisit require the imposition

The Villa at Bryn Mawr

July 2, 2014

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of a higher category of remedy, we will recommend to the CMS Region V Office that those remedies be imposed.

Original deficiencies corrected but new deficiencies found during the revisit

If new deficiencies are found at the revisit, the remedies specified in this letter will be imposed. If the deficiencies identified at the revisit require the imposition of a higher category of remedy, we will recommend to the CMS Region V Office that those remedies be imposed. You will be provided the required notice before the imposition of a new remedy or informed if another date will be set for the imposition of these remedies.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by September 13, 2014 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b). This mandatory denial of payments will be based on the failure to comply with deficiencies originally contained in the Statement of Deficiencies, upon the identification of new deficiencies at the time of the revisit, or if deficiencies have been issued as the result of a complaint visit or other survey conducted after the original statement of deficiencies was issued. This mandatory denial of payment is in addition to any remedies that may still be in effect as of this date.

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by December 13, 2014 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

INFORMAL DISPUTE RESOLUTION

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Division of Compliance Monitoring
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting a PoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:

http://www.health.state.mn.us/divs/fpc/profinfo/ltc/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:

<http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm>

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

The Villa at Bryn Mawr
July 2, 2014
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Questions regarding all documents submitted as a response to the Life Safety Code deficiencies (those preceded by a "K" tag), i.e., the plan of correction, request for waivers, should be directed to:

Mr. Patrick Sheehan, Supervisor
Health Care Fire Inspections
State Fire Marshal Division
444 Cedar Street, Suite 145
St. Paul, Minnesota 55101-5145

Telephone: (651) 201-7205
Fax: (651) 215-0541

Feel free to contact me if you have questions.

Sincerely,



Anne Kleppe, Enforcement Specialist
Licensing and Certification Program
Division of Compliance Monitoring
Minnesota Department of Health
Email: anne.kleppe@state.mn.us
Telephone: (651) 201-4124 Fax: (651) 215-9697

Enclosure

cc: Licensing and Certification File

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

PRINTED: 07/02/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2014
NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 156 SS=D	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)</p>	F 156	<p>Please accept the following as the Facility's credible allegation of compliance. Please note that this POC is submitted per State and Federal requirements only and should not be considered as the facility's admission of non-compliance with any State or Federal standard, requirement or regulation:</p> <p>F156</p> <p>No further action could be taken to correct the practice for R15. R15's guardian signed the notice of Medicare non-coverage on 1/7/14.</p>	

Received by [Signature]

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Pat Vaulken TITLE: Administrator (X6) DATE: 7/14/2014

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 156	<p>Continued From page 1 (i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of Institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p>	F 156	<p>Currently there are no residents in the facility receiving Medicare benefits however residents entitled to Medicare benefits have been identified as having the potential to be affected by the same alleged deficient practice.</p> <p>RN -A no longer works in the facility therefore no further action can be taken</p> <p>The business office manager has received training on the procedure including documentation requirements.</p> <p>Audits will be conducted weekly x 4 weeks and monthly x 2 months to assure notification of Medicare non -coverage has been done timely.</p> <p>Audit results will be reviewed by the QA Committee to determine ongoing audit schedules and interventions.</p> <p>The Administrator/designee is responsible to maintain compliance.</p>	7/23/14	

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F 156	<p>Continued From page 2</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to provide proper liability and appeal rights notices on a timely manner prior to termination of all Medicare skilled services for 1 of 3 residents (R15) reviewed for liability notice and beneficiary appeal rights.</p> <p>Findings include:</p> <p>R15 was admitted to the facility on 10/29/12, and currently resided at the facility. A Notice of Medicare Non-coverage indicated R15's skilled services ending date was 12/27/13, but was signed by the guardian on 1/7/14, which was eleven days later after the services had ended. In addition a undated note under the signature indicated "Per phone conversation" which had been signed by the registered nurse (RN)-A who was in-charge of issuing the liability and demand bill notice.</p> <p>When interviewed on 6/11/14, at 11:45 a.m. RN-A</p>	F 156			

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F 156	Continued From page 3 stated she had spoken to the guardian on the phone and had written on the form/sheet but after reviewing R15's Progress Notes RN-A verified she had not documented the conversation. RN-A stated "I cannot find the note I did not put a note. I wish I had put the date of the conversation." RN-A further stated "My routine is to put the date of the conversation which I did not."	F 156			
F 157 SS=D	When interviewed on 6/12/14, at 8:27 a.m. the administrator stated "All conversations need to be dated." 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in	F 157	F157 R108 returned from the hospital 2/26/14 therefore no further action can be taken. Facility staff met with family to discuss notifications and re-assure them this practice will be monitored by the facility. Documentation of subsequent hospitalizations for R108 indicate family was notified. Residents who have a change in condition or require hospital transfer will have family/responsible party notification.		

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2014
NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	
(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 157	<p>Continued From page 4</p> <p>resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to immediately notify the resident's legal representative or an interested family member when resident had a significant change for 1 of 1 resident (R108) reviewed for notification of change.</p> <p>Findings include:</p> <p>On 6/10/14, at 10:30 a.m. when family member (F)-A was asked if there had been change in R108 condition within the past several months F-A stated R108 had been to the hospital several times.</p> <p>On 6/10/14, at 10:28 a.m. when F-A was asked if the staff had notified her promptly F-A stated " No. He has been to the hospital several times and one time the facility called me when he was on his way back from the hospital this is unacceptable. Another time I called to check on him and found out he was at the hospital and no one had called to tell me and I don't like this at all."</p> <p>Review of R108's Progress Notes revealed R108 had been sent to the hospital five times since the beginning of the year as listed:</p>	F 157	<p>Nursing staff have been educated on the facility policy regarding family/responsible party notification when a resident has a change of condition or requires transfer to a hospital.</p> <p>Audits will be completed weekly x 4 weeks, then monthly x 2 months for residents who have been sent to the hospital, or have had changes of condition to assure family/responsible party notification is documented in the resident record.</p> <p>Audit results will be reviewed by the QA Committee to determine ongoing audit schedules and interventions.</p> <p>The DON/designee is responsible to maintain compliance.</p>	7/23/14

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F 157	<p>Continued From page 5</p> <ul style="list-style-type: none"> -On 2/19/14, returned to facility 2/26/14. -On 3/11/14, returned to facility 3/16/14. -On 3/31/14, returned to facility 4/3/14. -On 4/10/14, returned to facility 4/11/14, and -On 5/15/14, returned to facility 5/16/14. <p>Progress Notes revealed F-A had been notified on four of the five times as documented on the Progress Notes except on 2/19/14. During further Progress Notes review it was revealed:</p> <ul style="list-style-type: none"> - Progress Note dated 2/19/14, noted R108 had been unable to sleep during the night, continue to sit in the dining room on his wheelchair, was un-comfortable, had difficulty breathing, his feet, ankles, stomach, hands were all swollen and the writer had activated 911 and R108 was sent to the hospital around 6:45 a.m. for evaluation and the nurse practitioner had been notified but not the daughter. - Progress Noted dated 2/26/14, indicated R108 returned from hospital his abdomen was distended. <p>R108's diagnoses included lower extremity edema, chronic kidney disease stage II, alcoholic cirrhosis, chronic congestive heart failure, ischemic cardiomyopathy, diabetes mellitus, and mild cognitive impairment and hypertension obtained from the Medicine Discharge Summary dated 2/26/17.</p> <p>Review of Medicine Discharge Summary dated 2/26/14, indicated R108 had been admitted on 2/19/14, following "Lower extremity [LE] edema and "Swelling all over" most consistent with acute congestive heart failure [CHF] exacerbation." Was noted to have had a significant weight gain, had mild troponin elevations and had excess fluid removed was transitioned to a stable dose of</p>	F 157			

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F 157	Continued From page 6 Lasix (a diuretic) 60 milligrams (mg) twice daily, started on two new medications Spironolactone (used to treat fluid retention) and Lisinopril (used to treat CHF) 5 mg daily. R108's cognitive loss/dementia Care Area Assessment (CAA) dated 3/11/14, identified R108 had long/short term memory loss, had poor judgment and the daughter was his court appointed guardian assisting with decision making. The cognitive loss care plan dated 2/20/13, identified R108 with long/short term memory loss and had impaired decision making. When interviewed on 6/12/14, at 10:55 a.m. the interim director of nursing (IDON) verified R108's daughter had not been notified when R108 had been sent to the hospital. IDON further stated "They should have updated the daughter and should have documented the phone conversation with the daughter when she had called and found out resident was returning to the facility. The facility policy is family to be notified all the time with change in status or anything immediately."	F 157			
F 160 SS=D	Facility notification of change policy was requested on 6/12/14, but was not provided. 483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.	F 160	F160 R200's trust account has been closed. Residents who have discharged or expired within the past 90 days have had their trust		

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F 160	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to convey within 30 days, resident funds and a final accounting of those funds to the individual (or probate jurisdiction) administering the resident's estate for 1 of 3 residents (R200) reviewed for personal funds.</p> <p>Findings include:</p> <p>The facility's "Action Summary" report printed and reviewed on 6/11/14, indicated R200 was among the residents who had died greater than 30-days earlier.</p> <p>During review of the "Resident Statement" printed 6/12/14, it was revealed R200 trust account "Status: "Active" and Status Reason: Open." despite the fact R200 had died on 12/27/13, and the funds were still being held at the facility approximately five and a half months later.</p> <p>When interviewed on 6/12/14, at 8:12 a.m. the business office staff-A stated "I have been in this office since January and I have been spending a lot of work to clean up. I just want to tell the truth. I have not gotten to it. I take pride in my job and am just disappointed at myself and the consultant told me yesterday I will be getting more training on the trust accounts." When asked if upper management was aware of how much work was there to do at her role, she stated, "They are aware one can do so much in eight hours."</p> <p>When interviewed on 6/13/14, at 8:22 a.m. the administrator stated the "The regulation is thirty days."</p>	F 160	<p>accounts reviewed to assure funds were managed within the 30 day timeframe.</p> <p>The Business Office Manager received training on the policy of refunding residents trust after discharge.</p> <p>The closing of the resident trust has been added to the month-end review which is done by the Administrator.</p> <p>Audits of the Resident Statement Form showing account status will be conducted weekly x 4, then monthly x2.</p> <p>Audit results will be reviewed by the QA Committee to determine ongoing audit schedules and interventions.</p> <p>The Administrator/designee is responsible for maintaining compliance.</p>	7/23/14	

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F 160	Continued From page 8 Villa Healthcare Balance Reporting For Trust Funds policy dated 01/2014, directed "For the deceased resident, the remaining personal funds of the private resident shall be payable to his/her estate or the responsible party. For the remaining personal funds of a deceased medical assistance resident, the facility shall contact the host county for final settlement. It is the facility's responsibility to report to the county a resident's death, the account balance and if there is a surviving spouse..."	F 160			
F 225 SS=E	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must	F 225	F225 An audit of reportable incidents was conducted for R47, R78, R57, R116, R59, and R102 and have been found to have been Reported. No further actions can be taken at this time. Any incident involving injuries of unknown origin or resident-to-resident altercation requiring a report will have the report submitted timely. The Vulnerable Adult Abuse and Prevention Plan has been reviewed by the Medical Director. Staff responsible for filing the		

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F 225	<p>Continued From page 9 prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure alleged violations involving injuries of unknown source and resident to resident altercations were immediately reported to the State agency (SA) and administrator for 7 of 8 residents (R47, R78, R57, R117, R59, R102, R18) incidents reviewed.</p> <p>Findings include: R47 threw a colostomy bag in the face of R78, the facility failed to immediately report to the administrator and SA.</p> <p>R47 had a diagnosis of schizophrenia listed on the Admission Record dated 6/13/14. The annual Minimum Data Set (MDS) dated 4/28/14, indicated R47 was cognitively intact. A Care Area Assessments (CAA) dated 4/28/14, indicated R47 had cognitive impairment related to diagnosis of depression, schizophrenia, and cerebral vascular accident. The CAAs identified R47 was verbally inappropriate and will throw his colostomy bag when agitated.</p>	F 225	<p>initial report to the SA has been re-educated on the policy including timely reporting of the incident. Staff have received re-education on the Vulnerable Adult Abuse and Prevention Plan.</p> <p>The internal Instruction Checklist/Incident Investigation Tool utilized by staff for filing a report has been updated to include immediate SA and Administrator notification. The VA Report Log is reviewed by the Administrator/designee.</p> <p>Audits to review timeliness of reporting to Administrator and SA will be conducted weekly x 4 and monthly x 2.</p> <p>Audit results will be reviewed by the QA Committee to determine ongoing audit schedules and interventions.</p> <p>The Administrator/designee is Responsible for maintaining compliance.</p>	7/23/14	

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F 225	<p>Continued From page 10</p> <p>R47's current plan of care dated 11/20/09, identified R47 exhibited socially unacceptable behavior daily, was verbally abusive when approached to clean his room, was easily angered daily, struck a peer with his cane on 1/3/13, his next door neighbor on 3/18/13, and again on 10/5/13, when he was angry about his neighbor's loud guitar.</p> <p>R78 had a diagnosis of schizoaffective disorder and dementia listed on the Admission Record dated 6/13/14. The quarterly MDS dated 4/14/14, indicated R78 was cognitively intact. A CAA dated 8/12/13, indicated R78 had cognitive impairment related to diagnosis of schizophrenia and was currently under a court order for commitment as mentally ill and dangerous.</p> <p>An incident report dated 2/16/14, indicated R47 was in the smoking lounge and at 1:15 p.m. The incident report indicated R47 stated, "He's [R78] always saying stuff to me. I told him to stop or he was going to get a bag of shit to his face, he kept saying stuff so I gave him a bag of shit to his face". R47 removed his colostomy bag from his abdomen and threw it at R78's face and left the smoking room.</p> <p>Review of the investigative report indicated the resident to resident abuse was not submitted to the SA until 2/17/14, one day after the incident occurred.</p> <p>During an interview on 6/13/14, at 12:42 p.m. the interim director of nursing (IDON) stated the police were called on 2/16/14, at 1:40 p.m. and the common entry point (CEP) was notified on</p>	F 225			

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F 225	<p>Continued From page 11</p> <p>2/16/14 at 1:38 p.m. IDON stated the administrator was notified by phone immediately, however, the SA was not notified until the next day. IDON verified the administrator and SA should be notified immediately.</p> <p>During an interview on 6/13/14, at 1:14 p.m. the administrator stated she received a call immediately about the incident between R47 and R78, however, she verified the facility did not report to the SA immediately as required. The administrator stated, "We just changed the abuse policy and did education on 3/20/14."</p> <p>Although the facility was aware of the resident to resident altercation between R47 and R78, they did not notify the SA immediately.</p> <p>R57 suffered a hip fracture after an unwitnessed fall and the incident was not reported to the administrator or the SA immediately.</p> <p>The current care plan dated 3/31/09, indicated R57 required extensive assistance of two staff with all transfers and had history of being impatient waiting for assistance and frequently tried to transfer herself unsafely despite reminders to use the call light for assist.</p> <p>An incident report dated 1/1/14, indicated R57 was in bed resting when she attempted to transfer herself from the bed to the wheelchair and fell on the floor. R57's Roommate alerted staff to the room. The resident was found lying on her right side of her body with her legs on top of the footrests of her wheelchair. R57 stated "I was trying to get in my wheelchair and fell." The incident report indicated on 1/2/14, R57 was</p>	F 225			

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F 225	<p>Continued From page 12</p> <p>complaining of pain in her right leg. An x-ray was ordered which revealed a right femoral neck fracture. She was sent to the hospital, admitted, and scheduled for surgery on 1/3/14.</p> <p>Review of the incident report indicated the report was submitted to the SA on 1/3/14, two days after the unwitnessed fall occurred.</p> <p>A CAA dated 1/16/14, identified the resident had cognitive impairment with short/long term memory deficits and impaired judgment, and required extensive assist of two to transfer using the EZ stand lift (mechanical lift).</p> <p>The quarterly MDS dated 4/14/14, identified R57 had moderately impaired cognition.</p> <p>R57 had a diagnoses of alcohol induced dementia, muscle weakness, and psychosis as listed on the Admission Record dated 6/13/14.</p> <p>During an interview on 6/13/14, at 12:42 p.m. the IDON stated there was no documentation indicating the administrator was notified and verified the SA had been notified until two days after the incident occurred.</p> <p>During an interview on 6/13/14, at 1:14 p.m. the administrator stated she was not the facility administrator when R57 had the unwitnessed fall with injury, and there was no documentation to determine if the prior administrator had been notified.</p> <p>Although the R57, who had cognitive impairment, experienced a significant injury (hip fracture) from an unwitnessed fall, the facility did not notify the administrator and SA immediately.</p>	F 225		
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F 225	Continued From page 13 R117 was involved in resident to resident altercations with R57 and R59 and the facility failed to immediately report to the administrator and SA. A CAA dated 1/16/14, indicated R57 had cognitive impairment with short/long term memory deficits and impaired judgment. R59 quarterly MDS dated 3/20/14, included diagnosis of dementia and depression. R59 had moderate cognitive impairment and required cues and supervision for making decisions. An incident report dated 2/22/14, indicated R117 was found by licensed practical nurse (LPN)-G holding both hands and wrists of R57 in the hallway by the dining room. LPN-G asked R117 to release R57, and R117 let go of R57's hands and walked away. R57 was taken to a secure area at nurse's station. During that time a loud noise came from the dining room area. LPN-G went to the dining room, and found R117 and R59 standing in the doorway of their room, and R59 was holding her face with blood running down her right hand. R59 stated, "She [R117] hit me, she hit me on the nose and give me a bloody nose!" R117 walked away, and R59 was taken to a safe area to care for and assure safety. LPN-G was walking with R59 to provide care when another resident down the hall began to yell for help. A NA (unidentified) went running and found R117 physically pushing a resident (unknown). The facility called the physician and R117 was sent to the hospital for assaultive behavior. Review of the investigative report indicated the SA was not notified of the incidents until 2/24/14, two days	F 225			

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F 225	<p>Continued From page 14 later.</p> <p>The Admission MDS dated 4/17/14, identified the resident had moderate cognitive impairment and required cues and supervision for decision making. A CAA dated 4/23/14, indicated cognitive loss related to dementia and alcohol abuse, long/short term memory loss, and poor judgment.</p> <p>R117 had diagnoses of Alzheimer's, depression, psychosis, and anxiety as listed on the Admission Record dated 6/13/14. R57 had diagnosis of alcohol induced dementia, muscle weakness, and psychosis as listed on the Admission Record dated 6/13/14. The quarterly MDS dated 4/14/14, identified R57 had moderately impaired cognition.</p> <p>During interview on 6/13/14, at 12:42 p.m. the IDON stated there was no documentation indicating the administrator was notified of the incident.</p> <p>During interview on 6/13/14, at 1:14 p.m. the administrator stated she was not the facility administrator when this incident happened and there was no indication the prior administrator was notified of the incident.</p> <p>Although the facility was aware of the resident to resident altercation they did not notify the administrator and SA immediately.</p> <p>R102 was involved in a resident to resident altercation with R18 and the facility failed to immediately report to the administrator and SA.</p> <p>An incident report dated 12/15/13, indicated R102</p>	F 225			

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F 225	<p>Continued From page 15</p> <p>was walking in the hallway outside the kitchen attempting to go to his room. The hallway was clogged with a "traffic jam" of residents and R18 was in the middle of the hallway. R102 asked R18 to move and when R18 did not move, R102 pushed R18 out of his way. Review of the investigative report indicated the report was submitted to the SA on 12/16/13, the day after the incident occurred.</p> <p>R18 had diagnosis of schizophrenic disorder, depression, and obsessive-compulsive disorder. The quarterly MDS dated 4/7/14, indicated R18 was cognitively intact. A CAA dated 10/25/13, indicated the resident had cognitive impairment related to paranoid schizophrenia with obsessive compulsive behaviors and poor decision making skills.</p> <p>The annual MDS dated 4/28/14, indicated R102 had moderate cognitive impairment. A CAA dated 5/1/14, indicated cognitive impairment with long and short term memory loss and impaired judgment.</p> <p>During interview on 6/13/14, at 12:42 p.m. the IDON stated there was no documentation indicating the administrator had been notified.</p> <p>During an interview on 6/13/14, at 1:14 p.m. the administrator stated she was not facility administrator at the time of the incident and there was no indication the previous administrator had been notified of the incident.</p> <p>Although the facility was aware of the resident to resident altercation between R102 and R18, they did not notify the administrator and SA immediately.</p>	F 225			

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F 225	Continued From page 16 The facility Abuse Prevention Plan dated 3/20/14, indicated, "All suspected maltreatment will be reported to the Common Entry Point (CEP) promptly. All staff are required to report suspected maltreatment of a vulnerable adult to their immediate supervisor at the time of suspicion. The immediate supervisor will then report to the house supervisor and the administrator will be notified immediatelyAll resident to resident abuse, regardless of injury, must be reported ...the administrator is ultimately in charge of the Abuse Prohibition plan and must be informed of all alleged or substantiated incidents of abuse, neglect, or maltreatment immediately. In the case of the Administrator being unavailable, the designee will be notified in this timeframe. The state agency must also be notified immediately."	F 225			
F 226 SS=E	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to implement the abuse prevention policy for notifying the State agency (SA) and administrator immediately regarding injury of unknown origin and resident to resident altercations for 7 of 8 residents (R47, R78, R57, R59, R117, R102, R18) whose incidents were reviewed.	F 226	F226 An audit of reportable incidents was conducted for R47, R78, R57, R116, R59, and R102 and have been found to have been Reported. No further actions can be taken at this time. Any incident involving injuries of unknown origin or resident-to-resident altercation requiring a report will have the report submitted timely. The Vulnerable Adult Abuse and Prevention Policy has been		

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F 226	<p>Continued From page 17</p> <p>Findings include: The [Facility] Abuse Prevention Plan dated 3/20/14, indicated, "All suspected maltreatment will be reported to the common Entry Point (CEP) promptly. All staff are required to report suspected maltreatment of a vulnerable adult to their immediate supervisor at the time of suspicion. The immediate supervisor will then report to the house supervisor and the administrator will be notified immediately All resident to resident abuse, regardless of injury, must be reported ... the administrator is ultimately in charge of the Abuse Prohibition plan and must be informed of all alleged or substantiated incidents of abuse, neglect, or maltreatment immediately. In the case of the Administrator being unavailable, the designee will be notified in this timeframe. The State Agency must also be notified immediately."</p> <p>R47 threw a colostomy bag in the face of R78 and the facility failed to immediately report to the administrator and SA according to facility policy.</p> <p>R47's current plan of care dated 11/20/09, identified R47 exhibited socially unacceptable behavior daily, is verbally abusive when approached to clean his room, is easily angered daily, struck a peer with his cane on 1/3/13, his next door neighbor on 3/18/13, and again on 10/5/13, when he was angry about his neighbor's loud guitar.</p> <p>An incident report dated 2/16/14, indicated R47 was in the smoking lounge and at 1:15 p.m. The incident report indicated R47 stated, "He's [R78] always saying stuff to me. I told him to stop or he was going to get a bag of shit to his face, he kept saying stuff so I gave him a bag of shit to his face". R47 removed his colostomy bag from his</p>	F 226	<p>reviewed by the Medical Director.</p> <p>Staff responsible for filing the initial report to the SA have been re-educated on the policy including timely reporting of the incident.</p> <p>The Administrator/designee is responsible for maintaining compliance.</p> <p>Staff have received training on the Vulnerable Adult Abuse and Prevention Plan.</p> <p>The internal Instruction Checklist/Incident Investigation Tool utilized by staff for filing a report has been updated to include immediate Administrator and SA notification.</p> <p>The VA report Log is reviewed by the Administrator/designee</p>		

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F 226	<p>Continued From page 18</p> <p>abdomen and threw it at R78's face and left the smoking room. Review of the investigative report indicated the resident to resident abuse was not submitted to the SA until 2/17/14, one day after the incident occurred.</p> <p>The annual Minimum Data Set (MDS) dated 4/28/14, indicated R47 was cognitively intact. A Care Area Assessment (CAA) dated 4/28/14, indicated R47 had cognitive impairment related to diagnosis of depression, schizophrenia, and cerebral vascular accident. The CAA identified R47 was verbally inappropriate and will throw his colostomy bag when agitated.</p> <p>R47 had a diagnosis of schizophrenia listed on the Admission Record dated 6/13/14.</p> <p>A CAA dated 8/12/13, indicated R78 had cognitive impairment related to diagnosis of schizophrenia and was currently under a court order for commitment as mentally ill and dangerous. The quarterly MDS dated 4/14/14, indicated R78 was cognitively intact. R78 had a diagnosis of schizoaffective disorder and dementia listed on the Admission Record dated 6/13/14.</p> <p>During an interview on 6/13/14, at 12:42 p.m., the interim director of nursing (IDON) stated the police were called on 2/16/14, at 1:40 p.m. and the CEP was notified on 2/16/14 at 1:38 p.m. IDON stated the administrator was notified by phone immediately, however, the state agency was not notified until the next day. IDON verified the administrator and state agency should be notified immediately per facility policy.</p> <p>During an interview on 6/13/14, at 1:14 p.m. the</p>	F 226	<p>Audits to review timely notification of the Administrator and SA will be conducted weekly x 4 week, monthly x 2 months.</p> <p>Audit results will be reviewed by the QA Committee to determine ongoing audit schedule and interventions.</p> <p>The Administrator/designee is responsible for compliance.</p>	7/23/14

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F 226	<p>Continued From page 19</p> <p>administrator stated she received a call immediately about the incident between R47 and R78, however, she verified the facility did not report to the state agency immediately as required. The administrator stated, "We just changed the abuse policy and did education on 3/20/14."</p> <p>Although the facility was aware of the resident to resident altercation between R47 and R78, they did not notify the SA immediately according to facility policy.</p> <p>R57 suffered a hip fracture after an unwitnessed fall and the incident was not reported to the administrator or the state agency immediately as directed by facility policy.</p> <p>The current care plan dated 3/31/09, indicated R57 required extensive assistance of two staff with all transfers and had history of being impatient waiting for assistance and frequently tried to transfer herself unsafely despite reminders to use the call light for assist.</p> <p>An incident report dated 1/1/14, indicated R57 was in bed resting when she attempted to transfer herself from the bed to the wheelchair and fell on the floor. R57's Roommate alerted staff to the room. The resident was found lying on her right side of her body with her legs on top of the footrests of her wheelchair. R57 stated "I was trying to get in my wheelchair and fell." The incident report indicated on 1/2/14, R57 was complaining of pain in her right leg. An x-ray was ordered which revealed a right femoral neck fracture. She was sent to the hospital, admitted, and scheduled for surgery on 1/3/14. Review of the incident report indicated the report was</p>	F 226			

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F 226	<p>Continued From page 20 submitted to the SA on 1/3/14, two days after the unwitnessed fall occurred.</p> <p>A CAA dated 1/16/14, identified the resident had cognitive impairment with short/long term memory deficits and impaired judgment, and required extensive assist of two to transfer using the EZ stand lift (a mechanical lift).</p> <p>The quarterly MDS dated 4/14/14, identified R57 had moderately impaired cognition.</p> <p>R57 had diagnoses of alcohol induced dementia, muscle weakness, and psychosis as listed on the Admission Record dated 6/13/14.</p> <p>During an interview on 6/13/14, at 12:42 p.m. the IDON stated there was no documentation indicating the administrator was notified and verified the state agency had been notified until two days after the incident occurred. IDON verified the facility abuse policy instructs staff should be notifying the administrator and SA immediately.</p> <p>During an interview on 6/13/14, at 1:14 p.m., the administrator stated she was not the facility administrator when R57 had the unwitnessed fall with injury, and there was no documentation to determine if the prior administrator had been notified.</p> <p>Although the R57, who had cognitive impairment, experienced a significant injury (hip fracture) from an unwitnessed fall, the facility did not notify the administrator and state agency immediately as directed by facility policy.</p>	F 226			

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F 226	<p>Continued From page 21</p> <p>R117 was involved in resident to resident altercations with R57 and R59 and the facility failed to immediately report to the administrator and state agency as directed by facility policy.</p> <p>An incident report dated 2/22/14, indicated R117 was found by licensed practical nurse (LPN)-G holding both hands and wrists of R57 in the hallway by the dining room. LPN-G asked R117 to release R57, and R117 let go of R57's hands and walked away. R57 was taken to a secure area at nurse's station. During that time a loud noise came from the dining room area. LPN-G went to the dining room, and found R117 and R59 standing in the doorway of their room, and R59 was holding her face with blood running down her right hand. R59 stated, "She [R117] hit me, she hit me on the nose and give me a bloody nose!" R117 walked away, and R59 was taken to a safe area to care for and assure safety. LPN-G was walking with R59 to provide care when another resident down the hall began to yell for help. A NA (unidentified) went running and found R117 physically pushing a resident (unknown). The facility called the physician and R117 was sent to the hospital for assaultive behavior. Review of the investigative report indicated the SA was not notified of the incidents until 2/24/14, two days later.</p> <p>R117's admission MDS dated 4/17/14, identified the resident had moderate cognitive impairment and required cues and supervision for decision making. A CAA dated 4/23/14, indicated cognitive loss related to dementia and alcohol abuse, long/short term memory loss, and poor judgment. R117 had diagnoses of Alzheimer's, depression, psychosis, and anxiety as listed on the Admission Record dated 6/13/14.</p>	F 226			

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F 226	<p>Continued From page 22</p> <p>R57's CAA dated 1/16/14, indicated R57 had cognitive impairment with short/long term memory deficits and impaired judgment. The quarterly MDS dated 4/14/14, identified R57 had moderately impaired cognition.</p> <p>R59's quarterly MDS dated 3/20/14, included diagnosis of dementia and depression. R59 had moderate cognitive impairment and required cues and supervision for making decisions. R59 had diagnoses of alcohol induced dementia, muscle weakness, and psychosis as listed on the Admission Record dated 6/13/14.</p> <p>During interview on 6/13/14, at 12:42 p.m. the IDON stated there was no documentation indicating the administrator was notified of the incident as directed by facility policy.</p> <p>During interview on 6/13/14, at 1:14 p.m. the administrator stated she was not the facility administrator when this incident happened and there was no indication the prior administrator was notified of the incident.</p> <p>Although the facility was aware of the resident to resident altercation they did not notify the administrator and SA immediately as directed by facility policy.</p> <p>R102 was involved in a resident to resident altercation with R18 and the facility failed to immediately report to the administrator and state agency as directed by facility policy. The annual MDS dated 4/28/14, indicated R102 had moderate cognitive impairment. A CAA dated</p>	F 226			

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F 226	<p>Continued From page 23</p> <p>5/1/14, indicated cognitive impairment with long and short term memory loss and impaired judgment. R102 had diagnosis of traumatic brain injury (TBI), alcoholism, and epilepsy as listed on the Admission Record dated 6/13/14.</p> <p>R18's CAA dated 10/25/13, indicated the resident had cognitive impairment related to paranoid schizophrenia with obsessive compulsive behaviors and poor decision making skills. R18 had diagnosis of schizophrenic disorder, depression, and obsessive-compulsive disorder.</p> <p>R18's incident report dated 12/15/13, indicated R102 was walking in the hallway outside the kitchen attempting to go to his room. The hallway was clogged with a "traffic jam" of residents and R18 was in the middle of the hallway. R102 asked R18 to move and when R18 did not move, R102 pushed R18 out of his way. Review of the investigative report indicated the report was submitted to the SA on 12/16/13, the day after the incident occurred.</p> <p>R18's quarterly MDS dated 4/7/14, indicated R18 was cognitively intact.</p> <p>During interview on 6/13/14, at 12:42 p.m. the IDON stated there was no documentation indicating the administrator had been notified.</p> <p>During an interview on 6/13/14, at 1:14 p.m. the administrator stated she was not facility administrator at the time of the incident and there was no indication the previous administrator had been notified of the incident.</p> <p>Although the facility was aware of the resident to</p>	F 226			

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F 226	Continued From page 24 resident altercation between R102 and R18, they did not notify the administrator and state agency immediately as directed by facility policy.	F 226		
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 document review, the facility failed to ensure the call light was within reach and available for use for 1 of 3 residents (R15), who were reviewed who utilized their call light for assistance from staff. Findings include: R15 was yelling from his room on 6/9/14, at 2:45 p.m. R15's call light was observed to be resting on top of the mattress behind the residents head, and was not within reach for the resident to use to call the staff for assistance. On 6/9/14, at 3:00 p.m. R15 was again overheard yelling for help. -At 3:05 p.m. licensed practical nurse (LPN)-C entered R15's room to responded to the resident yelling and LPN-C verified R15 did not have the call light within reach. LPN-C stated R15 was able use the call-light if he was holding it, and R15 was	F 246	F246 R15 had his call light immediately adjusted to be within reach. A call light audit was conducted to ensure all residents had call lights placed within reach. Direct care staff have been educated on the Call Light Policy/ Procedure. Audits will be conducted to observe call light placement daily x 1 week, weekly x 4 weeks, then monthly x 2 months. Audit results will be reviewed by the QA Committee to determine ongoing audit schedules and interventions. The Director of Nursing/designee is Responsible to maintain compliance.	7/23/14

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F 246	Continued From page 25 able to put the call-light on for assistance when the call light was handed to him. -At 3:10 p.m. R15 turned on his call-light and nursing assistant (NA)-C was observed entering R15's room. NA-C was in the residents room briefly, and came out and stated R15 just wanted to talk to someone. R15's quarterly Minimum Data Set (MDS) dated 3/3/14, identified the resident had diagnoses including traumatic brain injury, seizure disorder, dementia, encephalopathy, personality disorder, and the resident required extensive to total dependence of one to two staff for all activities of daily living (ADLs). On 6/12/14, at 2:01 p.m. during the environment tour, the housekeeping and laundry manager stated R15's call light should be within reach at all times and available for use. During interview on 6/13/14, at 8:22 a.m. the administrator stated "All call-lights need to be at reach." The facility policy titled [Facility] Call Light Policy And Procedure dated 6/10, instructed "All nursing staff will be responsible to ensure each resident's call light will be within reach when he/she is in bed or in a chair."	F 246			
F 248 SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.	F 248	F248 R114 had a care conference with his Significant other and the IDT to discuss his individualized activities plan of care.		

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F 248	<p>Continued From page 26</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure the staff assisted 1 of 1 resident (R114), with in room activities of books on tape ("talking books") and music provided by the family.</p> <p>Findings include:</p> <p>On 6/10/14, at 9:38 a.m. R114's family (F)-B was asked if staff encouraged R114 to attend activities and if staff provided assistance to attend them? F-B stated she brought CD [compact disc] player and books on tape for R114, "But nobody puts them in for him." R114 stated the music CD and books on tape were "never used," were brand new, and were never listened to. F-B pointed to a CD player at R114's bedside along with several books on tape. F-B stated, "He [R114] picked them out." F-B stated the activity staff had asked her for these items for the resident's room. F-B stated she usually puts in the Eagles Greatest hits CD when she leaves the facility after visiting.</p> <p>During observation on 6/11/14, from 7:08 a.m. to 9:15 a.m. R114 was observed in his room lying in bed. Neither the books on tape nor music were observed to be playing or offered to R114. The CD player was at the resident's bedside and was turned off. Although nursing assistant (NA)-K and licensed practical nurse (LPN)-B were observed entering R114's room at various times, neither staff offered the in room activities to R114. At approximately 11:00 a.m. NA-K and LPN-B both verified they were unaware of the books on tape or music CD's available for R114.</p>	F 248	<p>Resident preferences continue to be reviewed and updated as indicated.</p> <p>Activities Preference Books are available on each Station.</p> <p>Staff will be educated on the purpose and use of the Activity Preference Books.</p> <p>Audits will be conducted to monitor resident preferences are being offered to meet individual activities plan of care. These audits will be conducted weekly x 4 weeks then monthly x 2.</p> <p>Audit results will be reviewed by the QA Committee to determine ongoing Audit schedules and interventions.</p> <p>The Activity Director/designee is responsible for maintaining compliance.</p>	7/23/14	

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F 248	Continued From page 27 The Station 4 NA/R [nursing assistant/registered] Resident Roster (a form carried by NA staff as a quick guide for cares) Updated 11/19/13, identified R114 was legally blind and did not like loud noises. Although the roster included pertinent interventions for R114's care, the roster lacked direction for in room activities. R114's care plan dated 5/22/14, identified R114 was dependent on staff for meeting emotional, intellectual, physical, and social needs related to physical limitations, disease process, and cognitive deficits. The care plan identified R114 had diagnoses including dementia and was legally blind. The care plan directed staff to ensure R114 attended activities which were compatible with his physical and mental capabilities, and activities "Compatible with known interests and preferences." The care plan identified R114 heard "Well... likes rock and roll music" and R114 "used to read." The care plan further instructed staff to adapt activities as needed for R114 related to his lack of vision, however, the care plan did not identify in room activities, such as books on tape or playing music. The admission Minimum Data Set (MDS) dated 5/28/14, identified R114 was moderately cognitively impaired and required extensive physical assistance with bed mobility, transfers, dressing and grooming. The MDS identified listening to music was "somewhat" important to R114. The Interview for Daily Preferences dated 5/28/14, included questions regarding how important various activities were to R114. The	F 248			

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F 248	<p>Continued From page 28</p> <p>question regarding "How important is it have books, newspapers and magazines to read?" Was answered by Identifying R114's favorite authors and indicated, "Can't see; Books on tape." Although the assessment regarding daily preferences identified R114 required books on tape, the plan of care was not revised to instruct staff on providing R114 his preferred in room activities.</p> <p>The Care Area Assessments (CAAs, all dated 6/2/14) for visual function identified R114 had, "Very limited vision" and required, "increased level of assistance." The CAA regarding communication identified R114 spoke in a clear voice, but had some word finding difficulty. The CAA directed to ensure R114's needs were being met and directed staff to anticipate R114's needs. R114's activities, including in room activities, were not addressed by the CAAs.</p> <p>The Diagnosis Report dated 6/13/14, also identified R114's diagnoses to include cardiovascular disease, and persistent mental disorder.</p> <p>On 6/13/14, at 8:29 a.m. the recreational therapist (RT)-A verified F-A had brought in talking books for R114, but stated he did not know how often staff was assisting the resident to utilize them. RT-A stated R114 "Sits in the day room a lot," and came to scheduled activity programs three to four times a week. RT-A stated R114 "loves mentally stimulating programs." RT-A acknowledged the care plan "May not include" the use of talking books or in room activities, he stated, "It [care plan] may have been written before we found out about the books." RT-A explained if the books on tape or music CD's were brought in after R114's</p>	F 248			

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F 248	Continued From page 29 plan of care was written, revisions should have been made to ensure R114 was being provided activities according to his wishes. RT-A was unclear when he had learned about the books on tape. On 6/13/14, at 11:12 a.m. the interim director of nursing (IDON) stated she had "Just heard about" the books on tape and updated the resident roster to include turning on the tape for R114. IDON verified the in room activities should have been offered while R114 was in his room previously. IDON further verified the in room activities should have been included in R114's plan of care to ensure staff was aware of the resident's preferences. On 6/13/14, at 11:44 a.m. the recreational therapy director (RT)-B verified the books on tape and music were not included on the therapeutic recreation care plan for R114. RT-B verified the in room activities should have been offered to R114 when he was in his room.	F 248		
F 250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide medically related social services for 1 of 1 resident (R105)	F 250	F250 R105 had a new psycho-social	

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F 250	<p>Continued From page 30</p> <p>who required psychosocial interventions related to pain interventions, community discharge and continued noncompliance with suspected illegal drug use during leave of absence.</p> <p>Findings include:</p> <p>During observation and interview on 6/11/14, at 11:35 p.m. R105 was walking independently without her walker around the room without stumbling, picking up and tidying up items around her room. R105 stated she wanted to leave the facility and "get my own place, but I've been here five and 1/2 months and the social worker [SW] is not helping to find placement, they haven't talked with me about it and the guy assigned to help me outside isn't doing anything. My shoulder hurts and they don't give me anything, just methadone which gives me some relief, the Tylenol doesn't do anything, no one has talked to me about chemical dependency treatment, I did take Valium [anti-anxiety] in April [2014] and about two weeks ago, when I was out, I need the pool therapy."</p> <p>Review of R105's Medical record from 4/7/14, going forward revealed the following:</p> <ul style="list-style-type: none"> - On 4/7/14, at 4:30 p.m. the notes indicated R105 started saying that she has to leave that facility and go to the corner store to buy cigarettes. Staff offered redirection. R105 noted with anger and used phone to call somebody. - On 4/8/14, at 3:48 p.m. the notes indicated R105 was escorted to Methadone clinic and stated she wanted Lidocaine patch [used for pain] on an as needed (PRN) basis. Call placed to medical doctor (MD)-A. - On 4/10/14, at 7:28 p.m. the notes indicated a call was placed to MD-A, per the nurse "Dr [medical doctor] doesn't think it's a good idea to 	F 250	<p>assessment completed.</p> <p>She is being seen by the House Psychologist, is offered weekly visits by Social Services, and a referral has been made for Pool Therapy per resident request.</p> <p>She was provided a copy of the Alcohol and Chemical Abuse Policy and the LOA Contract.</p> <p>LOA orders were clarified by the resident's physician.</p> <p>A new Pain Assessment was completed.</p> <p>A care conference was held with R105.</p> <p>Resident's requiring a LOA Contract had their contract reviewed and updated as indicated.</p> <p>The Social Services team was educated on the requirements of F250 and their role with interventions to meet the psychosocial/ medical needs of the residents.</p> <p>Staff have been educated on the Policy/ Procedure for resident LOA's.</p> <p>Residents with pending discharges and LOA Non-Compliance are discussed during Interdisciplinary Team Meeting.</p> <p>Weekly Behavior Rounds to include members of the Interdisciplinary Team have been implemented.</p>	

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F 250	Continued From page 31 let her have leave of absences [LOAs] at this time." Order was given to schedule an appointment next week to MD-A. R105 seemed upset and wanted to leave against medical advice (AMA), but changed her mind later and stayed in the facility. - On 4/11/14, at 9:07 a.m. the notes indicated that R105 did not want MD-A as a physician and would like to have nurse practitioner (NP) and she felt more comfortable with her. Call placed to extended care department (ECD), for ECD to be primary clinic with MD-B and NP as care team. ECD accepted care. - On 4/11/14, at 9:33 a.m. the notes indicated nurse from MD-A office wanted to make sure facility got the message that MD-A said no to LOA order and wanted no LOA at this time. Writer informed them that R105 is requesting a different primary physician. - On 4/11/14, at 11:07 a.m. the notes indicated R105 signed out AMA stating she had to go to her apartment and empty it. R105 stated she was going by bus, SW and interim director of nursing (IDON) notified of resident leaving AMA, call placed to ECD and NP. - On 4/11/14, at 9:28 p.m. the notes indicated R105 returned from AMA with uncle, brought back items from apartment and was noted to be in good spirits. No odor of ETOH (alcohol) or other substance was observed. R105 informed of MD change and that NP would see her on Monday. - On 4/12/14, at 11:27 a.m. R105 was on LOA with uncle until 6:00 p.m. - On 4/12/14, at 5:50 p.m. R105 returned from LOA. - On 4/13/14, at 11:21 p.m. the notes indicated later in the shift R105 was noted to have a change in affect from engaged, alert, conversant, cooperative to sleepy and somewhat lethargic	F 250	Audits to review medical related Psycho Social interventions will be completed weekly x 4, then monthly x 2. Audit results will be reviewed by the QA Committee to determine ongoing audit schedules and interventions. The Director of Social Services/designee is responsible for maintaining compliance.	7/23/14	

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F 250	<p>Continued From page 32</p> <p>requiring two staff to assist her back to her room where she sat with her head hanging down like she was asleep sitting up. The note also indicated R105 had displayed similar behavior on 4/12/14, while sitting in dining area during meal, noted to fall asleep and nodding off and eyes closed.</p> <ul style="list-style-type: none"> - On 4/14/14, at 2:07 p.m. the notes indicated R105 was found sitting on the floor in her room by staff, stating her walker rolled from under her while she was trying to sit. - On 4/15/14, at 9:20 a.m. the notes indicated R105 went to the methadone clinic with the trained medication assistant (TMA) and told her "I'm going to my apartment to pick up some items and will be back later." R105 signed AMA form and NP notified. - On 4/15/14, at 3:29 p.m. the notes indicated R105 had not returned from LOA and had not called. - On 4/16/14, at 1:30 a.m. the notes indicated at 11:15 p.m. call was placed to uncle who stated R105 was at the hospital with her friend. No hospital was identified or when she's going to be back. Administrator was informed. R105 came back at 1:00 a.m. brought belongings from apartment, took her PM meds, ate and went to bed. - On 4/16/14, at 6:07 a.m. the notes indicated R105 stayed in bed for about an hour, then started pacing from her room to station four, to the patio, to the dining room. Several times she didn't know where her room was, appeared disoriented, needed help from staff to show her room to her. R105 became agitated when encouraged to stay in bed and rest. - On 4/16/14, at 9:55 a.m. the notes indicated "unable to obtain urine at this time." - On 4/16/14, at 3:33 p.m. the notes indicated urine was obtained, pathway lab called. 	F 250		

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F 250	Continued From page 33 - On 4/17/14, at 3:04 p.m. the notes indicated at 11:00 p.m. R105 was found sleeping on the floor on her coat with a pillow under her head, was hard to awake, stated she didn't remember why she put herself on the floor. R105 was assisted by two staff to bed, appeared confused, somewhat lethargic. R105 stayed in bed for an hour and then started pacing from her room to the patio and back where she went to bed about 2:00 a.m. - On 4/17/14, at 8:57 a.m. the notes indicated the methadone clinic (drug clinic) called concerned that R105 was taking medications not prescribed and "was told a tox [toxicology] screen & will call her when results come in." R105 told writer "I did take Valium." - On 4/21/14, at 11:17 p.m. the notes indicated R105 had a new LOA order, "OK to go on independent LOA during the day without meds and per policy LOA." R105 was informed to let the nurse know prior to leaving and also to sign out and back in when she returns. R105 stated she understood the LOA policy. - On 4/22/14, at 3:16 p.m. the notes indicated R105 returned from LOA at 3:15 p.m. - On 4/3/14, at 11:19 p.m. the notes indicated R105 returned from LOA, no abnormal behavior or mood change noted. - On 5/13/14, at 1:18 a.m. the notes indicated R105 was found standing on her knees and elbows by her bed. R105 stated she fell on her knees while trying to walk without a walker. - On 5/14/14, at 8:34 a.m. the notes indicated R105 was back from LOA. - On 5/14/14, at 10:33 p.m. the notes indicated R105 was found with both knees on the ground with both hands on the floor with her head on top of both hands. R105 stated she did not fall but "thinking of what to do with those clothes on her	F 250			

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F 250	Continued From page 34 bed." R105 was able to stand up and writer assisted her to pick up some of the items on top of her bed so that she could lay down. - On 5/15/14, at 6:12 a.m. the notes indicated that R105 was up most of the night shift, was pacing in and out of her room aimlessly, then would stop and appeared to be falling asleep standing up. - On 5/16/14, at 5:26 p.m. the notes indicated that staff spoke with the methadone clinic on 5/15/14 regarding R105's increased drowsiness and falling asleep. They stated "that the UA [urine analysis] done on 5/13/14 tested positive for benzo's [benzodiazepines, anti-anxiety] and that previously when she had gone out to smoke she butted out the smoke and put it in her pocket. It was not out and she did start her bed on fire. This information as relayed to staff. We will be scheduling an IDT [interdisciplinary team] meeting with R105, staff and case manager." - On 5/17/14, at 8:43 p.m. the notes indicated R105 returned to facility from LOA at 8:41 p.m. Denied pain and discomfort. - On 5/20/14, at 12:02 p.m. the notes indicated R105 left at 9:30 a.m. with the TMA to go to Methadone Clinic and then left to go downtown. - On 6/3/14, at 11:16 a.m. the notes indicated R105 returned from LOA at 5:25 p.m., denied pain and discomfort. - On 6/7/14, at 12:07 a.m. the notes indicated during 11 p.m. rounds R105 was found on the floor on her knees and elbows by her bed. She stated she put herself on the floor because she was in pain. She refused to take Tylenol [mild to moderate analgesic], stating "I need my methadone your F*** Tylenol doesn't do s*** for me." R105 was put back to bed, seemed somewhat lethargic, speech slurred, pupils constricted and equal. Hand grip is weak. Will monitor resident closely and obtain urine drug	F 250			

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F 250	Continued From page 35 test if possible. - On 6/7/14, at 4:27 a.m. the notes indicated R105 was responding to voice, tried to remove from pain and was confused. Will attempt to obtain UA when she is awake. - On 6/7/14, at 10:37 p.m. the notes indicated R105 had signed out for LOA, time was not clear, return time to be 7:00 p.m., R105 not in the building, call out to uncle and son who had no idea where R105 was, resident left with out telling anyone on staff. - On 6/7/14, at 11:12 p.m. the notes indicated R105 came back around 10:50 p.m. stated she got lost while she out on Olsen Memorial highway (a busy, congested highway), was very tired and got someone to flag down the police for her because she was too tired to walk. Police found resident around Olsen Memorial highway and brought her back to facility. R105 was ambulatory using walker in room arranging objects off the bed -On 6/8/14, at 12:08 a.m. the notes indicated facility nursing supervisor informed R105 that before leaving facility for any/all LOA's she must sign out appropriately as this is the facility LOA policy. R105 may or may not have signed herself out in sign out book as book only has time 4pm with no date. R105 immediately became irritable and stated in an angry manner that she told people she was leaving. When asked who she specifically informed or the specific time she left, R105 refused, stating "Oh geez god all frick'n for christ sake what's the f'n big deal?...I go upset, I was tired and crying and couldn't figure out how to get back here...this guy stopped, he called the police." R105 was very hostile and verbally agitated stating to nurse "I'm in so much pain all the f*** time and you a*** don't do anything about it, I can't even stand it...get out of my room you	F 250			

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F 250	Continued From page 36 psycho woman." As nurse exited room, R105 slams door. - On 6/8/14, at 7:35 p.m. the notes indicated R105's room checked during dinner time but was not found in room or smoking area and did not sign out either. Supervisor notified. - On 6/8/14, at 10:47 p.m. the notes indicated R105 returned from LOA, signed out since she did not sign out prior to leaving the facility. Denied pain or discomfort. Had night medications. - On 6/9/14, at 2:37 a.m. the notes indicated staff found R105 laying on the floor with upper extremities in semi-fowler position as she uses both elbow to support herself up but buttocks on floor. R105 stated she did not fall but trying to sleep. - On 6/9/14, at 3:04 p.m. the notes indicated staff found R105 laying on the floor, case manager called and notified of resident behavior. - On 6/10/14, at 3:12 p.m. the notes indicated the IDT met re: R105's recent behaviors and identified that R105 tends to have episodes of independent LOAs and suspected illegal drug use at the beginning of the month when she has more money. Case manager is applying for Rep-Payee to limit access to money. R105 is verbally abusive to staff, refuses to cooperate when facility request urine sample when substance abuse is suspected. IDT will look at setting up a contract, working with the methadone clinic, educating resident and staff, tightening up sign out and LOA process. - On 6/10/14, at 9:49 p.m. the notes indicated R105 was back from LOA. - On 6/10/14, at 11:13 p.m. the notes indicated at 10:30 p.m. writer found R105 sitting in chair with her head bent over her leg and sleeping on the patio, was woken up and encouraged to go to room. R105 was unable to walk back to her room	F 250			

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F 250	<p>Continued From page 37</p> <p>independently, she was assisted and fell asleep right away. "Administrator updated, room search was completed, call placed to physician." - On 6/12/14, at 1:52 p.m. the notes indicated that R105 was found standing on her knees and elbows with head down to floor. R105 stated she was "more comfortable this way", was able to get up off floor independently. "Found in smoking room and noticed sleeping with cigarette lit, was helped to her room and at 12:00 a.m. was found in bathroom, sitting on toilet with her head down to the floor, reported to administration." The Progress Notes lacked evidence of any type of social services interventions that were put into place for the continued noncompliance with suspected illegal drug use during LOAs, community discharge and the requested pool therapy for pain relief.</p> <p>The admission Minimum Data Set (MDS) dated 4/15/14, indicated R105 was cognitively intact and was independent in all activities of daily living (ADLs), requiring no setup or physical help from staff. In addition, the MDS under mood indicated R105 was feeling down and depressed. R105 also had feelings of hopelessness and was tired with no energy. Also the MDS noted R105 to have moderate pain and have no active discharge plan in place.</p> <p>The Pain Care Area Assessments (CAAs) dated 4/15/14, indicated R105 had moderate pain over the five days which was described as chronic and R105 was currently seeing physical and occupational therapy. The sections for characteristics of the pain, the frequency and intensity of the pain, the non-verbals indicators for pain, pain effect on function, and the associated signs and symptoms of were not identified on the</p>	F 250			

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F 250	<p>Continued From page 38</p> <p>CAAs. The Psychotropic CAAs dated 4/15/14, noted R105 to receive antipsychotic medications, and was identified as having the potential to fall due to the medication use. The licensed staff who completed the CAAs noted "See above" for all responses. The CAAs lacked a summary that describe the impact of the problem on the resident and the rationale to care plan. Mood and Community Discharge did not trigger a CAA.</p> <p>Review of NP order on 5/15/14, indicated "please assist pt [patient] to get into pool therapy for chronic pain." R105's medical record indicated the pool therapy had not been implemented as ordered by the NP.</p> <p>During an interview on 6/11/14, at 8:53 a.m. licensed practical nurse (LPN)-F stated for LOAs they get an MD order for with or without supervision and medications. The resident was to sign out with date and time and expected time of return in the LOA binder kept at the nursing station. There was a 24 hour report sheet on the clipboard that was communicated between shift who was out on LOA and also it was charted in the computer. LPN-F stated "when R105 goes to the methadone clinic she is always accompanied by a TMA, but sometimes R105 states she is going to stay out on LOA after the visit and the TMA comes back to the facility and reports this."</p> <p>During interview on 6/12/14, at 10:07 a.m. SW-A stated he knows that R105 has issues with weight and is on methadone and her case manager is trying to find a place in the community. SW-A stated the facility believes she is using her social security money to buy drugs and they have to get the money secured by a representative payee. SW-A stated the household unit coordinator</p>	F 250		

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F 250	Continued From page 39 makes referral appointments, "I think there is an order for finding pool therapy, I'll have to find out, I haven't looked as far as I should have, I am the only SW for the building, it's overwhelming for one person to take care of." Regarding LOA policy, SW-A stated, "I think our guideline is that if they are gone 24 hours we look at discharging them." SW-A stated they have tried from time to time to get a urine sample, but she refuses and reverts to the drug use. SW-A verified he had not offered chemical dependency treatment and agreed that this is an issue, "we are trying to get a plan together." During an interview on 6/13/14, at 9:04 a.m. physical therapist assistant stated R105 was receiving physical therapy for a short period of time, but she did not want to come to therapy and participate, "she is fully functional." Review of the facility policy titled "Bryn Mawr Health Care Center Resident Leave of Absence Policy and Procedure" dated 6/2010, indicated under procedure, section 6D, "when a resident fails to return from an LOA: the charge nurse will notify the building charge nurse, the building charge nurse will notify nursing administration, the LOA will then be a missing person incident, a missing person report will be initiated and the CEP [common entry point] will be notified."	F 250			
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	F253 R62- The bathroom was cleaned immediately. The missing tile below		

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F 253	<p>Continued From page 40</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and document review, the facility failed to ensure housekeeping and maintenance services necessary to maintain an odor free and sanitary environment were provide for 11 of 102 residents, (R62, R105, R77, R6, R28, R101, R43, R11, R125, R32, R29) reviewed for environmental concerns.</p> <p>Findings include:</p> <p>A tour of the facility was conducted on 6/12/14, from 1:36 p.m. to 2:36 p.m. with the district manager, housekeeping and laundry manager, and the covering maintenance director. The following concerns were identified:</p> <p>Smells</p> <p>R62's bathroom was not kept free of odors and was in ill repair.</p> <p>On 6/9/14, at 2:59 p.m. R62's bathroom was observed to have a missing tile below the sink on the right side with cracked wall making it uncleanable surface. In addition R62's shared bathroom was noted with malodorous smell and the toilet stool was noted with multiple brown stains all around.</p> <p>On 6/9/14, at 2:59 p.m. during interview R62 stated "Water not warm in bathroom seven to nine in the morning, got to run it a while about 10-15 minutes."</p> <p>On 6/12/14, during the tour the housekeeping and laundry manager and the district manager both verified the malodorous smell was urine in the shared bathroom, and the missing tile with a cracked wall making it un-cleanable surface. As the facility staff and surveyor were standing in the bathroom R80 stated "The water takes long to get</p>	F 253	<p>the sink was replaced and water temp audits were completed.</p> <p>R105 --The bathroom was cleaned immediately. Toothbrush and toothpaste are appropriately.</p> <p>R77- The bathroom was cleaned Immediately.</p> <p>R6- The bathroom was cleaned Immediately.</p> <p>R28- Room and bathroom were cleaned Immediately and the urinal was replaced and stored appropriately</p> <p>R80-Water temperatures were audited.</p> <p>R101-The bathroom was cleaned Immediately and the 2 urinals in the shared bathroom were replaced and stored appropriately</p> <p>R43-The room and bathroom were cleaned immediately. The air conditioner was immediately cleaned. Duct tape was removed from around the perimeter of the air conditioner.</p>	

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F 253	<p>Continued From page 41</p> <p>warm in the morning when the other people have been in there." The maintenance director indicated there was a preventative maintenance log for water temperatures but had no access to as the facility maintenance director was on vacation and I did not have a password.</p> <p>R105's shared bathroom was not kept free of odors and personal effects were not stored correctly.</p> <p>On 6/9/14, at 4:03 p.m. during R105's room observation, a malodorous odor in the shared bathroom, a toothbrush and paste was observed on the shelf above sink. R105 stated it is hers and further stated "They don't clean the bathroom very good at all."</p> <p>R105's admission MDS dated 4/15/14, indicated R105 was continent and had intact cognition.</p> <p>During the tour housekeeping and laundry manger verified the shared bathroom had malodorous smell stated was a urine smell. In addition housekeeping manager verified the tooth brush and tooth paste stored on the sink top shelve was not supposed to be stored in the shared bathroom and nursing was supposed to give them to the residents to keep them at their space and not in the shared bathroom.</p> <p>R77's and R6's shared bathroom was not kept free of odors.</p> <p>On 6/9/14, at 7:25 p.m. during R77's and R6's room observation surveyor noted a strong malodorous smell in the shared toilet.</p> <p>R77's quarterly MDS dated 5/29/14, indicated</p>	F 253	<p>R11- The bathroom was immediately cleaned. The door and doorframe to the room and bathroom have been repaired.</p> <p>R125- The bathroom was cleaned Immediately and the basin was replaced and stored appropriately</p> <p>R32- The bathroom was cleaned Immediately. The urinal has been replaced and stored appropriately.</p> <p>R29- The privacy curtain has been cleaned.</p> <p>R98- The hot water knob has been replaced.</p> <p>The vent near Station 4 Nurse's Station has been cleaned.</p> <p>The air handler has been repaired by the maintenance man.</p> <p>Housekeeping staff have been educated on the Housekeeping and Cleaning Policy.</p> <p>Staff have been educated on the use of Maintenance Logs to report rooms that require repair/replacement of items.</p>		

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F 253	<p>Continued From page 42</p> <p>R77 was continent and had intact cognition.</p> <p>R6's quarterly MDS dated 3/31/14, indicated R6 was continent and had moderately impaired cognition.</p> <p>On 6/12/14, at 2:01 p.m. during the tour house-keeping and laundry manager, district manager and covering maintenance all verified the malodorous urine smell in the shared bathroom.</p> <p>R28 room and bathroom were not kept free of odors.</p> <p>On 6/10/14, at 9:00 a.m. during R28's room observation a strong malodorous urine smell was noted in the shared room and bathroom.</p> <p>R28's quarterly MDS dated 4/7/14, indicated R28 was continent and had memory problems.</p> <p>During the tour the housekeeping and laundry manger verified the smell stated "The room smells like body odor and the bathroom is urine " she also verified the two urinals stored in the bathroom on top of the toilet paper holder and the grab bar stated were not supposed to be stored there but had noted a lot this in shared bathrooms.</p> <p>R101 bathroom was not free of odors</p> <p>On 6/9/14, at 3:17 p.m. during room observation, the shared bathroom in R101's room was noted with a malodorous strong urine smell.</p> <p>R101's quarterly MDS dated 4/7/14, indicated R101 was continent and had intact cognition.</p>	F 253	<p>Staff have been educated on the proper storage and cleaning of personal items including bedpans and urinals.</p> <p>A log is kept to record water temperatures to assure they are within the range to meet regulatory requirements.</p> <p>Audits will be conducted for facility cleanliness/repair needs weekly x 4 weeks, and monthly x 2 months.</p> <p>Audit results will be reviewed by the QA Committee to determine ongoing audit schedules and interventions.</p> <p>The Director of Housekeeping and the Director of Maintenance are responsible for maintaining compliance.</p>	7/23/14	

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F 253	<p>Continued From page 43</p> <p>On 6/12/14, during the tour housekeeping and laundry manager verified the smell was urine and also observed were two urinals stored in the shared bathroom and verified they were not supposed to be stored there.</p> <p>R43's room air conditioner was not kept clean and room was free of odors.</p> <p>R43's quarterly MDS indicated R43 was frequently incontinent of bladder and had moderately impaired cognition.</p> <p>On 6/10/14, at 10:09 a.m. during R43's room observation a strong urine odor was noted in R43's room; around the entire perimeter of the wall air conditioner unit was observed with white duct tape with a plug in cord hanging downward loosely pulled in and in addition the entire air conditioner unit vents were observed to have built up of fluffy gray material which was easily wiped off with a paper towel.</p> <p>During the tour, house-keeping and laundry manager verified the smell was urine stated she had been to room on 6/11/14, and there was no smell. She also verified the duct tape was peeling off the wall and not a cleanable surface. In addition, the covering maintenance director insisted the tape was appropriate to be used as long as the adhesive was not exposed and got argumentative indicating that was not true.</p> <p>R11's doors were with ill repair and bathroom was not kept clean.</p> <p>R11's quarterly MDS dated 5/5/14, indicated R11</p>	F 253		

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F 253	<p>Continued From page 44</p> <p>had intact cognition and was frequently incontinent.</p> <p>On 6/10/14, at 10:55 a.m. during R11's room observation noted the mid corner of the door frames to the room and calf level length of the bathroom doors were observed to have several scrapes and was chipped. In addition a strong malodorous urine odor was noted in the shared bathroom (shared with 205).</p> <p>During the tour on 6/12/14, the district manager verified the smell as urine and the chipped frames. In addition the covering maintenance director stated the facility maintenance director was supposed to do daily rounds to the units/stations to check the maintenance logs for any repair concerns such as chipped door frames.</p> <p>R125 bathroom was not kept clean.</p> <p>On 6/10/14, at 9:08 a.m. during room observation a strong malodorous smell was noted in the shared bathroom and a yellow plastic wash basin was observed stored at the left side of the bathroom to the left under the sink and inside was a teaspoon.</p> <p>R125's 5 day MDS indicated R125 was always continent and had moderately impaired cognition.</p> <p>On 6/12/14, during the tour house-keeping and laundry manager verified the smell as urine and stated the personal basin with the spoon was not supposed to be stored in the bathroom but indicated nursing was responsible to make sure the personal items were stored at individual</p>	F 253		

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F 253	<p>Continued From page 45 resident space as these was a shared bathroom.</p> <p>R32's bathroom was not kept clean</p> <p>On 6/9/14, at 3:20 p.m. during R32's room observation the shared bathroom was noted to have a strong malodorous smell and brown smears of matter on toilet seat and several tiles above the sink between the shelve and sink were noted to have white substance built up. In addition a urinal was observed hanging on the trash can to the left under the sink.</p> <p>R32's quarterly MDS dated 3/17/14, indicated R32 had intact cognition and was continent of bladder and bowel.</p> <p>On 6/12/14, during the tour the district manager, covering maintenance director and housekeeping and laundry manager all verified the smell was urine and the toilet seat was not clean. The covering maintenance director stated the white substance looked like " Toothpaste and we can clean that."</p> <p>Privacy Curtain</p> <p>R29's privacy curtain not kept sanitary.</p> <p>On 6/9/14, at 5:49 p.m. during room observation the privacy curtain between R29's bed and other resident in the room was noted having multiple brown stains at thigh level which were visible from standing outside the hallway looking into the room.</p> <p>R29's admission 14 day scheduled MDS dated</p>	F 253		

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F 253	<p>Continued From page 46</p> <p>5/14/14, indicated R29 had intact cognition and was independent with activities of daily living (ADL's).</p> <p>On 6/12/14, during the tour house-keeping and laundry manager verified the privacy curtain was not clean and stated " When housekeeping see this they are supposed to let me know. I would wish to have them washed twice a year."</p> <p>Vent</p> <p>On 6/9/14, at 12:00 p.m. and consecutive days of the survey 6/10/14, 6/11/14, and 6/12/14, the register behind Nursing Station 4 in the dining room below the public phone station was observed to have multiple brown stains and was not maintained clean.</p> <p>On 6/12/14, during the tour the district manager, maintenance director and housekeeping and laundry manager verified the register was not clean. The covering maintenance director indicated he was not sure what to call it but stated "Vent I guess" when asked the name of the equipment.</p> <p>When interviewed on 6/12/14, at 2:44 p.m. the housekeeping and laundry manager stated she had just started working at the facility in for two months now and since she started she had the staff now deep cleaning the rooms once a month and she would check the room to verify the work was done thoroughly.</p> <p>When interviewed on 6/13/14, at 8:13 a.m. the administrator stated her expectation was to have a facility free of urine odor/smell. "Usually there is</p>	F 253		

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F 253	<p>Continued From page 47 not that much smell around and am surprised. The maintenance director sent me the report and I have not read it yet he was on your round."</p> <p>Hot water Knob R98's water faucet was in ill repair.</p> <p>On 6/10/14, at 8:00 a.m. and during consecutive days of the survey 6/11/14, 6/12/14, and 6/13/14, R98's shared bathroom faucet was noted to have a missing hot water knob and was only dispensing cold water for the residents in the room.</p> <p>R98's quarterly MDS dated 4/13/14, indicated R98 had intact cognition and required extensive physical assistance of one staff with ADL's which included personal hygiene.</p> <p>On 6/13/14, at 10:06 a.m. the housekeeping and laundry manager Tracy Wolf verified the missing knob and stated "I will report it to maintenance immediately so they can get the hot water."</p> <p>The Villa at Bryn Mawr Maintenance Policy Rev. 6/2012, each day the maintenance director and assistant will check Maintenance clipboards located at each nursing station and in each department and will cross off the assigned tasks on the clipboard when the work is completed. In addition the maintenance director and his assistant would complete daily, weekly, monthly, quarterly, semi-annually and yearly preventative maintenance work orders.</p> <p>The Housekeeping and cleaning policy was requested but was not provided on 6/12/13.</p>	F 253			

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F 279 SS=E	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to develop a care plan addressing pain for 1 of 3 residents (R105) reviewed for pain management and 1 of 1 resident (R105) reviewed for leave of absence; failed to develop a care plan to address the use of a CPAP machine and respiratory needs for 1 of 2 residents (R114) reviewed for use of the CPAP; failed to develop a care plan to address fall risk and fall interventions for 1 of 3 residents (R77) reviewed for accidents; failed to develop a care plan to address bruises and skin issues for 1 of 2 residents (R71) reviewed for skin conditions and</p>	F 279	<p>F279</p> <p>R105 Care plan has been updated to reflect current LOA status and pain management</p> <p>R114 has had his care plan updated to address need, use, monitoring, maintenance and cleaning of his CPAP.</p> <p>R77 has had an updated Fall Risk Assessment completed. A care plan has been developed to address fall risk/fall prevention and interventions.</p> <p>R71 has had a care plan developed to address the potential for skin problems.</p> <p>R 111 urinary and bowel status has been reassessed and the care plan was updated to reflect this current urinary/bowel status.</p> <p>Residents who require updates to the plan of care have been identified as having the potential to be affected by this alleged deficient practice.</p>		

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F 279	<p>Continued From page 49</p> <p>failed to develop a care plan to address urinary incontinence for 1 of 2 residents (R111) reviewed for urinary incontinence.</p> <p>Findings include:</p> <p>R105's care plan did not outline pain interventions and expectations for pain and leave of absence (LOA).</p> <p>R105 had been admitted on 4/7/14, with diagnoses of opioid type dependence, osteoporosis, chronic pain syndrome, nutritional deficiency and anxiety listed from the Admission Record dated 4/15/14.</p> <p>R105's medical record was reviewed from 4/7/14, going forward and revealed the following:</p> <ul style="list-style-type: none"> - On 4/7/14, at 4:30 p.m. the notes indicated R105 started saying that she has to leave this facility and go to the corner store to buy cigarettes. Staff offered redirection. R105 noted with anger and used phone to call somebody. - On 4/8/14, at 3:48 p.m. the notes indicated R105 was escorted to Methadone clinic and stated she wanted Lidocaine patch [used for pain] on an as needed (PRN) basis. Call placed to medical doctor (MD)-A. - On 4/10/14, at 7:28 p.m. the notes indicated a call was placed to MD-A, per the nurse "Dr [medical doctor] doesn't think it's a good idea to let her have leave of absences [LOAs] at this time." Order was given to schedule an appointment next week to MD-A. R105 seemed upset and wanted to leave against medical advice (AMA), but changed her mind later and stayed in the facility. - On 4/11/14, at 9:07 a.m. the notes indicated that R105 did not want MD-A as a physician and would like to have nurse practitioner (NP) and 	F 279	<p>The staff has been educated on expectation that and individualize plan of with measureable goals and intervention are developed for all residents.</p> <p>Nursing staff has been in-serviced on the CPAP cleaning scheduled along with policy and procedure.</p> <p>Staff have been re-educated on the expectation that an individualized plan of care with measurable goals, interventions are developed for all residents.</p> <p>Audits will be conducted weekly x 4 week, then monthly x 2 months to determine compliance with having an individualized care plan developed to address the needs/strengths of the resident.</p> <p>Audits will be reviewed by the QA Committee to determine an ongoing audit schedule and interventions.</p> <p>The MDS Coordinator is responsible to maintain compliance.</p>	7/23/14

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F 279	Continued From page 50 she felt more comfortable with her. Call placed to extended care department (ECD), for ECD to be primary clinic with MD-B and NP as care team. ECD accepted care. - On 4/11/14, at 9:33 a.m. the notes indicated nurse from MD-A office wanted to make sure facility got the message that MD-A said no to LOA order and wanted no LOA at this time. Writer informed them that R105 is requesting a different primary physician. - On 4/11/14, at 11:07 a.m. the notes indicated R105 signed out AMA stating she had to go to her apartment and empty it. R105 stated she was going by bus, SW and interim director of nursing (IDON) notified of resident leaving AMA, call placed to ECD and NP. - On 4/11/14, at 9:28 p.m. the notes indicated R105 returned from AMA with uncle, brought back items from apartment and was noted to be in good spirits. No odor of ETOH (alcohol) or other substance was observed. R105 informed of MD change and that NP would see her on Monday. - On 4/12/14, at 11:27 a.m. R105 was on LOA with uncle until 6:00 p.m. - On 4/12/14, at 5:50 p.m. R105 returned from LOA. - On 4/13/14, at 11:21 p.m. the notes indicated later in the shift R105 was noted to have a change in affect from engaged, alert, conversant, cooperative to sleepy and somewhat lethargic requiring two staff to assist her back to her room where she sat with her head hanging down like she was asleep sitting up. The note also indicated R105 had displayed similar behavior on 4/12/14, while sitting in dining area during meal, noted to fall asleep and nodding off and eyes closed. - On 4/14/14, at 2:07 p.m. the notes indicated R105 was found sitting on the floor in her room by staff, stating her walker rolled from under her	F 279			

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F 279	Continued From page 51 while she was trying to sit. - On 4/15/14, at 9:20 a.m. the notes indicated R105 went to the methadone clinic with the trained medication assistant (TMA) and told her "I'm going to my apartment to pick up some items and will be back later." R105 signed AMA form and NP notified. - On 4/15/14, at 3:29 p.m. the notes indicated R105 had not returned from LOA and had not called. - On 4/16/14, at 1:30 a.m. the notes indicated at 11:15 p.m. call was placed to uncle who stated R105 was at the hospital with her friend. No hospital was identified or when she's going to be back. Administrator was informed. R105 came back at 1:00 a.m. brought belongings from apartment, took her PM meds, ate and went to bed. - On 4/16/14, at 6:07 a.m. the notes indicated R105 stayed in bed for about an hour, then started pacing from her room to station four, to the patio, to the dining room. Several times she didn't know where her room was, appeared disoriented, needed help from staff to show her room to her. R105 became agitated when encouraged to stay in bed and rest. - On 4/16/14, at 9:55 a.m. the notes indicated "unable to obtain urine at this time." - On 4/16/14, at 3:33 p.m. the notes indicated urine was obtained, pathway lab called. - On 4/17/14, at 3:04 p.m. the notes indicated at 11:00 p.m. R105 was found sleeping on the floor on her coat with a pillow under her head, was hard to awake, stated she didn't remember why she put herself on the floor. R105 was assisted by two staff to bed, appeared confused, somewhat lethargic. R105 stayed in bed for an hour and then started pacing from her room to the patio and back where she went to bed about	F 279		

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F 279	Continued From page 52 2:00 a.m. - On 4/17/14, at 8:57 a.m. the notes indicated the methadone clinic (drug clinic) called concerned that R105 was taking medications not prescribed and "was told a tox [toxicology] screen & will call her when results come in." R105 told writer "I did take Valium [antianxiety medication]." - On 4/21/14, at 11:17 p.m. the notes indicated R105 had a new LOA order, "OK to go on independent LOA during the day without meds and per policy LOA." R105 was informed to let the nurse know prior to leaving and also to sign out and back in when she returns. R105 stated she understood the LOA policy. - On 4/22/14, at 3:16 p.m. the notes indicated R105 returned from LOA at 3:15 p.m. - On 4/3/14, at 11:19 p.m. the notes indicated R105 returned from LOA, no abnormal behavior or mood change noted. - On 5/13/14, at 1:18 a.m. the notes indicated R105 was found standing on her knees and elbows by her bed. R105 stated she fell on her knees while trying to walk without a walker. - On 5/14/14, at 8:34 a.m. the notes indicated R105 was back from LOA. - On 5/14/14, at 10:33 p.m. the notes indicated R105 was found with both knees on the ground with both hands on the floor with her head on top of both hands. R105 stated she did not fall but "thinking of what to do with those clothes on her bed." R105 was able to stand up and writer assisted her to pick up some of the items on top of her bed so that she could lay down. - On 5/15/14, at 6:12 a.m. the notes indicated that R105 was up most of the night shift, was pacing in and out of her room aimlessly, then would stop and appeared to be falling asleep standing up. - On 5/16/14, at 5:26 p.m. the notes indicated that staff spoke with the methadone clinic on 5/15/14	F 279			

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F 279	Continued From page 53 regarding R105's increased drowsiness and falling asleep. They stated "that the UA [urine analysis] done on 5/13/14 tested positive for benzo's [benzodiazepines, anti-anxiety] and that previously when she had gone out to smoke she butted out the smoke and put it in her pocket. It was not out and she did start her bed on fire. This information as relayed to staff. We will be scheduling an IDT [interdisciplinary team] meeting with R105, staff and case manager." - On 5/17/14, at 8:43 p.m. the notes indicated R105 returned to facility from LOA at 8:41 p.m. Denied pain and discomfort. - On 5/20/14, at 12:02 p.m. the notes indicated R105 left at 9:30 a.m. with the TMA to go to Methadone Clinic and then left to go downtown. - On 6/3/14, at 11:16 a.m. the notes indicated R105 returned from LOA at 5:25 p.m., denied pain and discomfort. - On 6/7/14, at 12:07 a.m. the notes indicated during 11 p.m. rounds R105 was found on the floor on her knees and elbows by her bed. She stated she put herself on the floor because she was in pain. She refused to take Tylenol [mild to moderate analgesic], stating "I need my methadone your F*** Tylenol doesn't do s*** for me." R105 was put back to bed, seemed somewhat lethargic, speech slurred, pupils constricted and equal. Hand grip is weak. Will monitor resident closely and obtain urine drug test if possible. - On 6/7/14, at 4:27 a.m. the notes indicated R105 was responding to voice, tried to remove from pain and was confused. Will attempt to obtain UA when she is awake. - On 6/7/14, at 10:37 p.m. the notes indicated R105 had signed out for LOA, time was not clear, return time to be 7:00 p.m., R105 not in the building, call out to uncle and son who had no	F 279			

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F 279	Continued From page 54 idea where R105 was, resident left with out telling anyone on staff. - On 6/7/14, at 11:12 p.m. the notes indicated R105 came back around 10:50 p.m. stated she got lost while she out on Olsen Memorial highway (a busy, congested highway), was very tired and got someone to flag down the police for her because she was too tired to walk. Police found resident around Olsen Memorial highway and brought her back to facility. R105 was ambulatory using walker in room arranging objects off the bed -On 6/8/14, at 12:08 a.m. the notes indicated facility nursing supervisor informed R105 that before leaving facility for any/all LOA's she must sign out appropriately as this is the facility LOA policy. R105 may or may not have signed herself out in sign out book as book only has time 4pm with no date. R105 immediately became irritable and stated in an angry manner that she told people she was leaving. When asked who she specifically informed or the specific time she left, R105 refused, stating "Oh geez god all frick'n for christ sake what's the f'n big deal?...I go upset, I was tired and crying and couldn't figure out how to get back here...this guy stopped, he called the police." R105 was very hostile and verbally agitated stating to nurse "I'm in so much pain all the f*** time and you a*** don't do anything about it, I can't even stand it...get out of my room you psycho woman." As nurse exited room, R105 slams door. - On 6/8/14, at 7:35 p.m. the notes indicated R105's room checked during dinner time but was not found in room or smoking area and did not sign out either. Supervisor notified. - On 6/8/14, at 10:47 p.m. the notes indicated R105 returned from LOA, signed out since she did not sign out prior to leaving the facility. "	F 279			

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F 279	Continued From page 55 Denied pain or discomfort. Had night medications. " - On 6/9/14, at 2:37 a.m. the notes indicated staff found R105 laying on the floor with upper extremities in semi-fowler position as she uses both elbow to support herself up but buttocks on floor. R105 stated she did not fall but trying to sleep. - On 6/9/14, at 3:04 p.m. the notes indicated staff found R105 lying on the floor, case manager called and notified of resident behavior. - On 6/10/14, at 3:12 p.m. the notes indicated the IDT met re: R105's recent behaviors and identified that R105 tends to have episodes of independent LOAs and suspected illegal drug use at the beginning of the month when she has more money. Case manager is applying for Rep-Payee to limit access to money. R105 is verbally abusive to staff, refuses to cooperate when facility request urine sample when substance abuse is suspected. IDT will look at setting up a contract, working with the methadone clinic, educating resident and staff, tightening up sign out and LOA process. - On 6/10/14, at 9:49 p.m. the notes indicated R105 was back from LOA. - On 6/10/14, at 11:13 p.m. the notes indicated at 10:30 p.m. writer found R105 sitting in chair with her head bent over her leg and sleeping on the patio, was woken up and encouraged to go to room. R105 was unable to walk back to her room independently; she was assisted and fell asleep right away. "Administrator updated, room search was completed, call placed to physician." - On 6/12/14, at 1:52 p.m. the notes indicated that R105 was found standing on her knees and elbows with head down to floor. R105 stated she was "more comfortable this way", was able to get up off floor independently. "Found in smoking	F 279			

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F 279	<p>Continued From page 56</p> <p>room and noticed sleeping with cigarette lit, was helped to her room and at 12:00 a.m. was found in bathroom, sitting on toilet with her head down to the floor, reported to administration." The Progress Notes lacked evidence of any type of social services interventions that were put into place for the continued noncompliance with suspected illegal drug use during LOAs, community discharge and the requested pool therapy for pain relief.</p> <p>On 6/13/14, at 12:45 p.m. the interim director of nursing (IDON) verified there was no care plan developed to address pain and keep R105 safe during LOA's.</p> <p>The facility's comprehensive care plan policy dated 10/2010, under purpose of care plan included: "incorporate identified problem areas; incorporate risk factors associated with identified problems; and reflect currently recognized standards of practice for problem areas and conditions." The care plan policy further directed staff to do an ongoing assessment on residents and revise care plans as information regarding residents' condition change.</p> <p>RESPIRATORY R114's care plan did not include a respiratory focus and the use of CPAP machine.</p> <p>On 6/10/14, at 9:38 a.m. R114's family (F)-B stated she applied the CPAP machine before she left the facility during visits. F-B stated she visited the facility almost nightly and at times several times in a day. F-B stated she was unclear when the machine was cleaned by facility staff, but stated the facility provided a jug of distilled water (used to fill the CPAP humidifier chamber) per her</p>	F 279		

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F 279	<p>Continued From page 57</p> <p>request. F-B stated on mornings when she arrived to the facility after nights she did not visit, R114 was not wearing the CPAP. At the time of the interview, a CPAP machine with tubing and mask attached was observed to be stored at the bedside.</p> <p>On 6/11/14, during observations beginning at 7:08 a.m. and ending upon F-B's arrival to the facility at 9:15 a.m., R114 was observed to have the CPAP mask applied to his face with the machine turned on. R114 was observed to have his eyes closed and remained in bed.</p> <p>R114's care plan dated 5/22/14, did not address R114's respiratory needs and did not identify the use of the CPAP machine, such as but not limited to when to apply the CPAP, maintenance of the CPAP machine and cleaning of the CPAP machine. The care plan further lacked identification of R114's respiratory condition warranting the CPAP machine, such as but no limited to monitoring of R114's respiratory condition.</p> <p>On 6/12/14, at 9:24 a.m. the IDON stated she expected the CPAP and R114s respiratory needs to be included on the care plan. IDON verified the care plan lacked identification of the CPAP or R114 respiratory status.</p> <p>FALLS/FALL RISK R77's care plan did not address fall risk, or interventions to prevent falls after falling from the wheelchair while sleeping on 5/12/14, and 5/21/14.</p> <p>An Incident Investigation and Follow-Up Actions form dated 5/12/14 and 5/21/14, both identified R77 fell from the wheelchair while sleeping.</p>	F 279			

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F 279	<p>Continued From page 58</p> <p>Interventions to address the fall on 5/21/14, included "encourage" R77 to sleep in his bed.</p> <p>R77's quarterly MDS dated 5/29/14, identified no cognitive changes, an increase in mood indicators and a decrease in previously identified behaviors to 1-3 per week. R77 was identified to require total assistance with transfers and identified R77 had fallen two or more times in the facility.</p> <p>R77's care plan dated 3/14/14, did not address falls or fall risk.</p> <p>On 6/13/14, at 10:47 a.m. the interim director of nursing (IDON) IDON verified there was no care plan developed to keep the resident safe from falls while in the wheelchair and sleeping.</p> <p>Non-pressure related skin condition R71's electronic admission record indicated R71 had diagnoses to include: cardiac dysrhythmias, hypertension, congestive heart failure (CHF), dual chamber defibrillator placement, easily inducible tachycardia, diabetes mellitus type II, and lack of coordination. These diagnoses could put R71 at risk for circulatory and skin problems.</p> <p>R71's admission care plan dated 12/10/13, identified R71 to have potential for communication problems and was not always aware of needs. The care plan directed staff to assist and anticipate R71's needs. The admission care plan also identified R71 as a smoker, which could potentially compromise circulation and</p>	F 279			

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F 279	<p>Continued From page 59</p> <p>cause bruising or skin problems. There was no care plan developed for R71's potential for skin problems.</p> <p>The following were noted during observations: -On 6/10/14, at 10:48 a.m. R71's right hand was observed to be bruised while talking to surveyor. When asked about it, R71 stated, "it's old age, it has been there for a while." -On 6/11/14, at 7:36 a.m. R71 was observed to walk out from room to the hallway aided by walker. Bruise on R71's right hand remained visible as R71 walked along the hallway. R71 proceeded to the 2nd floor dining room, sat down in a chair, placed right hand on table. The bruise on R71's right hand could be seen while R71 was talking to nursing assistant (NA)-E. -On 6/11/14, at 8:54 a.m. R71 stood up, left the dining room and proceeded to bedroom, with the bruise on right hand easily observable as R71 used hands to hold walker. At 9:05 a.m., R71 walked back to the dining room, coat was off and placed on walker. R71's bruised right hand was obviously visible without the coat on. -On 6/11/14, at 12:46 p.m. R71 was at the dining room eating, mainly using right hand where bruise was easily observed.</p> <p>On 6/11/14, at 2:30 p.m. NA-G verified presence of bruise on R71's right hand. NA-G stated he was not aware of the bruise and would have told the nurse if he was. At 2:33 p.m. surveyor heard NA-G report about the bruise to LPN-C.</p> <p>On 6/11/14, at 2:51 p.m., LPN-C stated R71 had bruises "on and off" as he would bump into things and be bruised easily. LPN-C stated skin assessments were done on bath days and if skin issues were observed, they would be monitored</p>	F 279		

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F 279	<p>Continued From page 60</p> <p>and documented in the nurses' progress notes. LPN-C verified R71 was scheduled on Wednesdays and Sundays for bath days and NAs will initial in the bath list sheets if completed. LPN-C further verified the 6/4/14 (Wednesday) and 6/8/14 (Sunday) bath schedules for R71 were not signed or initialed to have been completed. LPN-C was not sure if baths during those days were completed or not. When surveyor reviewed the nurses' progress notes, there were no entries for any skin assessment or about the presence of bruise on R71's right hand on the past weeks supposed bath days (6/4/14 and 6/8/14). There was no other nurses' progress note about skin assessment as of review date and time on 6/11/14, at 3:00 p.m.</p> <p>On 6/12/14, at 8:00 a.m., a skin/wound note in the progress notes entered on 6/11/14, at 9:42 p.m., identified R71's top of right hand had "discolor." There were no details about the cause, monitoring and/or treatment plan for R71's right hand bruise.</p> <p>On 6/12/14, at 8:22 a.m., the IDON stated she expected thorough skin assessments done every bath day by nurses and to document assessments in the nurses' notes.</p> <p>On 6/13/14, at 12:30 p.m., LPN-D stated she updated R71's skin/wound note and entered R71's right hand bruise measurements as six centimeters by seven centimeters (6 cms X 7 cms). LPN-D also stated having assessed and documented in the nurses' progress notes another bruise formed in R71's left hand that measured 2 cms X 2.2 cms.</p> <p>R111's data related to urinary incontinence</p>	F 279			

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F 279	<p>Continued From page 61</p> <p>triggered from the quarterly minimum data set (MDS) dated 4/1/14, as compared to R111's admission MDS dated 1/23/14, indicated R111 was less continent at 90 days than at admission. There was no care plan developed for R111 related to any incontinence of either bowel or bladder (B&B).</p> <p>The initial/admission MDS dated 1/23/14, indicated R111 was continent of B&B and required limited assistance of one staff for transfers and toileting. The Care Area Assessment CAA dated 1/27/14, indicated, "He is continent of bowel and bladder and cleanses himself after having a BM (bowel movement). He needs staff to push his wheelchair into the bathroom so he can reach the handicap bars to stand up turn and sit on the toilet." The quarterly MDS dated 4/1/14, indicated R111 was frequently incontinent of bladder (7 or more episodes of urinary incontinence, but at least one episode of continent voiding). The quarterly MDS dated 4/1/14, also indicated R111 was frequently incontinent of bowel (2 or more episodes of bowel incontinence, but at least one continent bowel movement).</p> <p>R111's Daily/Shift/Monthly/Qtrly (quarterly) Skilled Nurse Note dated 2/6/14, indicated the need for extensive assist of one for transfers/toileting, was wet once or more per shift during the day/night time, and was incontinent of stool. R111's Daily/Shift/Monthly/Qtrly (quarterly) Skilled Nurse Note dated 6/11/14, indicated the need for extensive assist of one for transfers/toileting, was incontinent of B&B, and pads/briefs used.</p> <p>Progress note dated 5/10/14, indicated, "Toileting - resident requested toileting assist. With</p>	F 279			

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F 279	<p>Continued From page 62</p> <p>extensive assist of one resident able to stand using grab bars in bathroom and toilet. Resident remained continent this shift."</p> <p>Bowel and Bladder Program Screener dated 4/15/14, indicated R111, "never aware of need to use toilet."</p> <p>R111's most recent care plan dated 6/4/14, indicated, "The resident requires placement of wheelchair in the doorway of the bathroom by 1 staff for toileting." There was no indication of B&B continence or incontinence.</p> <p>On 6/12/14, at 1:50 p.m. an interview was conducted with LPN-E related to R111 not having a care plan for incontinence of B&B. LPN-E stated R111 was usually not incontinent and confirmed there was nothing indicated on the hard chart care plan or the computer care plan related to continence or incontinence of B&B.</p> <p>On 6/12/14, at 2:06 p.m. an interview conducted with registered nurse (RN)-A confirmed the hard chart and computer care plan for R111 did not address continence or incontinence of B&B.</p> <p>On 6/12/14, at 2:18 p.m. an interview with nursing assistant (NA)-D who consistently worked with R111 on both the day/evening shifts revealed R111 was taken to the bathroom approximately three to five times during the day shift, and was occasionally incontinent of B&B. NA-D shared R111 used to be incontinent of B&B all the time and had improved.</p> <p>R111 was assessed with some incontinence of B&B and did not have a care plan to address the incontinence.</p>	F 279		

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F 280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure the the care plan was revised to include in room activities for 1 of 3 residents (R114) of talking books and music.</p> <p>Findings include: On 6/10/14, at 9:38 a.m. R114's family (F)-B was asked if staff encouraged R114 to attend activities and if staff provided assistance to attend them? F-B stated she "brought CD [compact disc] player" and books on tape for R114 "but nobody puts them in for him." R114 stated the music CD</p>	F 280	<p>F 280</p> <p>R114 had his Activity care plan reviewed/revised by the Activity Director; Staff caring for R114 were informed of the resident preferences.</p> <p>Resident care plans will be reviewed for necessary revisions to reflect current needs and preferences.</p> <p>Staff have been re-educated on the importance of updating/revising care plans.</p> <p>An Activity Preference Book has been placed at each Nursing Station to identify each resident's preferences for Activities.</p> <p>Audits will be conducted to monitor resident preferences are being offered to meet individual activities plan of care. These audits will be conducted weekly x 4 weeks then monthly x 2.</p>	

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F 280	<p>Continued From page 64</p> <p>and books on tape were "never used," were brand new and were never listened to. F-B pointed to a CD player at the bedside and provided several books on tape from a drawer. F-B stated, "He [R114] picked them out." F-B further stated the activity staff had asked her for these items for his room. F-B stated she usually "puts in the Eagles Greatest hits CD" when she left the facility after visiting.</p> <p>R114's care plan dated 5/22/14, identified R114 was dependent on staff for meeting emotional, intellectual, physical, and social needs related to physical limitations, disease process, and cognitive deficits. The care plan identified R114 had diagnoses to include dementia and legally blind. Although the care plan included direction to encourage family involvement, the care plan directed to ensure R114 attended activities which were compatible with his physical and mental capabilities and activities "compatible with known interests and preferences." The care plan identified R114 heard "well", "likes rock and roll music" and that R114 "used to read." The care plan further directed to adapt activities as needed to R114's lack of vision. The care plan did not identify in room activities, such as books on tape or playing music.</p> <p>The admission Minimum Data Set (MDS) dated 5/28/14, indicated R114 was moderately cognitively impaired and R114 required extensive physical assistance with bed mobility, transfers, dressing and grooming. The MDS identified listening to music was "somewhat" important to R114.</p> <p>The Interview for Daily Preferences form dated 5/28/14, included questions regarding how</p>	F 280	<p>Audit results will be reviewed by the QA Committee to determine ongoing Audit schedules and interventions.</p> <p>The Activity Director/designee is responsible for maintaining compliance</p>	7/23/14

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F 280	<p>Continued From page 65</p> <p>important various activities were to R114. The "how important is it have books, news papers and magazines to read?" question identified R114's favorite authors and "can't see Books on tape." Although the form identified R114 required books on tape, the care plan was not revised to reflect R114's preferred in room activities.</p> <p>The Care Area Assessments (CAAs, all dated 6/2/14) for visual function identified R114 had "very limited vision" and required "increased level of assistance." The CAA for communication identified R114 spoke in a clear voice but had some word finding difficulty. The CAA directed to ensure R114's needs were met and directed staff to anticipate R114's needs. R114's activities, including in room activities, were not addressed by the CAAs.</p> <p>On 6/13/14, at 8:29 a.m. the recreational therapist (RT)-A verified F-A had brought in talking books for R114, but stated he did not know how often they were used. RT-A stated R114 "sits in the day room a lot," and came to scheduled activity programs three to four times a week. RT-A stated R114 "loves mentally stimulating programs." RT-A acknowledged the care plan "may not include" the use of talking books or in room activities, "It may have been written before we found out about the books." RT-A explained if the books on tape or music CD was brought in after the care plan written, the care plan should have been revised. RT-A was unclear when he had learned about the books on tape.</p> <p>On 6/13/14, at 11:12 a.m. the the interim director of nursing (IDON) stated she had "just heard about" the books on tape and "updated the resident roster" to include turning on the tape for</p>	F 280			

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F 280	Continued From page 66 R114. IDON verified the in room activities should have been included on the care plan.	F 280		
F 282 SS=D	On 6/13/14, at 11:44 a.m. the recreational therapy director (RT)-B verified the books on tape and music were not included on the therapeutic recreation care plan for R114. RT-B verified care plan should have been revised. 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to provide assistance with grooming for 1 of 3 residents (R71) as directed in the plan of care. In addition, the facility failed to address pain management as the care plan directed for 2 of 4 residents (R57, R47) reviewed for pain. Findings include: R71's electronic admission record indicated R71 had diagnoses to include: cardiac dysrhythmias, diabetes mellitus type II, hypertension, congestive heart failure (CHF), dual chamber defibrillator placement, and easily inducible tachycardia. R71's admission care plan dated 12/10/2013, identified R71 had potential for an activities of daily living (ADLs) self-care performance deficit.	F 282	F 282 R 71's coat and clothing was sent to be laundered immediately. R 71 was shaved and nails care provided. In addition, R71's care plan has been updated to reflect current ADL grooming status and current interventions. R47 and R57 recieved pain medications as ordered. In addition, pain assessments were completed and subsequently their care plans were updated to reflect interventions to address their pain. Residents who require assistance with Grooming and are experiencing pain have been identified as having the potential to be affected by these alleged deficient practices. <i>These complaints will be reviewed and revised as necessary.</i>	

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F 282	<p>Continued From page 67</p> <p>The care plan directed staff to provide supervision, prompts and cues in most of R71's ADLs to include bathing/showering and personal hygiene. However, the care plan indicated shaving was to be totally done by staff. The care plan also identified R71 to have potential for communication problems and was not always aware of needs. The care plan directed staff to assist and anticipate R71's needs.</p> <p>The Vulnerability Assessment & Abuse Prevention Plan form dated 3/6/14, indicated R71 had dependence on staff for ADLs, specified to include dressing, ambulation, and skilled nursing services for diabetic care.</p> <p>The quarterly Minimum Data Set (MDS) dated 5/2014 indicated R71 needed staff supervision and set up for dressing; and R71 needed extensive assist for personal hygiene and one person physical assist in part of bathing activity.</p> <p>The facility's NA assignment dated 6/9/14, identified R71 can groom self but with reminders.</p> <p>The following were noted during the observations:</p> <ul style="list-style-type: none"> - On 6/10/14 and 6/11/14, R71 wore the same dirty shirt and coat for the whole two days; front of shirt was very dirty from what looked like traces of dried liquids; and sleeves and front of gray colored coat turned blackish with dirt; R71 had long (1/4 inch) and dirty fingernails. Black colored debris observed underneath fingernails. R71's face was unshaven, had approximately 1/4 inch stubbles; - On 6/12/14, at 7:45 a.m. R71 had a different shirt on but shirt was still observed to be dirty, dirt observed on the shirt looked like dried spill from 	F 282	<p>Staff have been educated on the importance of following the interventions outline in residents care plans. Specific discussion included the importance of following the care plan for providing grooming assistance and pain management. In addition, if clothing items were needed by residents they should notify the charge nurse or social services.</p> <p>Nursing staff have been in-serviced on the importance of administering pain medication promptly to assist in relieving resident's pain.</p> <p>Audits will be conducted daily x 2 weeks, weekly x 4 weeks, and monthly x 2 months.</p> <p>Audit results will be reviewed by the QA Committee to determine ongoing audit schedules and interventions.</p> <p>Routine observations will be completed for residents who require assistance with grooming to ensure the plan of care is followed. In addition any residents experiencing pain to ensure pain management and interventions are provided as outlined in their care plan</p> <p>Observations for those residents will be made to ensure those interventions are provided as listed in their care plan</p>	7/23/14

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2014
NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	
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F 282	<p>Continued From page 68</p> <p>liquids; R71 also had the same very dirty coat worn from previous days; and R71's face remained unshaven.</p> <p>On 6/11/14, at 2:24 p.m. nursing assistant (NA)-G, stated he took care of R71 during the morning shifts on 6/9/14 to 6/11/14. NA-G stated R71 needed reminders for grooming and set up for bathing. NA-G verified R71's fingernails were long and dirty, and stated R71 was diabetic so nurses were responsible to clip R71's fingernails.</p> <p>On 6/11/14, 2:30 p.m. licensed practical nurse (LPN)-C verified R71's fingernails needed to be clipped and stated nurse to clip R71's fingernails because R71 was diabetic. LPN-C added the 3-11 p.m. shift nurse that afternoon would clip R71's fingernails because it was R71's bath schedule.</p> <p>On 6/12/14, at 10:19 a.m., LPN-D verified R71's facial hairs needed to be shaved and R71's coat was dirty. When LPN-D and surveyor asked R71 about his facial hairs, R71 touched his face and stated need to be shaved. R71 stated had shower "yesterday" but was not shaved. R71 also agreed coat needed to be "thrown to the wash." R71 took dirty coat off and handed it to LPN-D to be washed.</p> <p>When requested for the facility's policy on ADL, the Consultant Registered Nurse provided copies of specific sections of the facility's ADL policy dated 10/2010, as follows: care of fingernails to clean nail bed, keep nails trimmed and prevent infections; shaving to promote cleanliness and provide skin care; assist as needed with dressing and undressing to promote cleanliness and staff were directed to report any clothing needs and</p>	F 282	The Director of Nursing/designee is responsible for maintaining compliance.	

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F 282	<p>Continued From page 69 repairs to charge nurse or social services.</p> <p>Pain: R57 was not comprehensively re-assessed, nor was the care plan implemented for monitoring the efficacy of the pain medications nor was R57's pain re-evaluated as she was experienced excruciating pain in her hip, legs and feet.</p> <p>The quarterly Minimum Data Set (MDS) dated 4/14/14, indicated R57 scored 10 out of 15 on the Brief Interview for Mental Status (BIMS), which indicated R57 had moderately impaired cognition.</p> <p>The Admission Record dated 6/13/14, included diagnoses of pain in joint, site unspecified, and generalized osteoarthritis unspecified site. The Admission Record also indicated R57 had sustained a hip fracture/ right hip hemiarthroplasty from a fall in January 2014 with pain documented from that site.</p> <p>During interview with R57 on 6/10/14, at 9:03 a.m. R57 was asked the question, "Do you have any discomfort now or have you been having discomfort such as pain, heaviness, burning, or hurting with no relief?" R57 answered, "I almost always have pain on my right upper leg [pointing to right upper outer thigh], it hurts a lot, pain pills help with the pain."</p> <p>During an observation of R57 on 6/10/14, at 12:05 p.m. R57 was observed in her wheelchair (w/c) moving constantly back and forth in the w/c, rubbing the sides of R57's head, stomping her feet on the floor, breathing heavily, the resident was moaning "Aaaah, Aaaah!"</p> <p>On 6/11/14, at 7:47 a.m. R57 was observed</p>	F 282			

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F 282	Continued From page 70 sitting in her w/c kicking her feet up and down on floor, moving both hands and fingers about when nursing assistant (NA)-B stated to R57 "If you keep doing that you are going to make your legs hurt." R57 continued to kick her feet up and down to floor, wringing her hands, and stretching her head back for a few minutes until moved to dining room by NA-B. -At 7:56 a.m. R57 was observed sitting in her w/c in the dining room moving hands and fingers and tapping on the table, moving back and forth from the table, stretching head back while closing her eyes. - At 7:58 a.m. R57 was tapping on the table with her hands, kicking her feet up and down a lot, and licensed practical nurse (LPN)-B stated to R57 "You need to stop that or your legs will hurt." - At 8:03 a.m. R57 was tapping her hands on her w/c, and wheeling herself back from the table, moaning "Ow,ow,ow,ow,owl" NA-I asked R57 if she had pain and R57 said "yes." - From 8:03 a.m. until 9:02 a.m. when R57 was toileted by NA-B and NA-I, R57 continued to constantly move her hands and fingers, tap on the table, push herself back from the table in her w/c, lifting feet up and down almost to her knees level, drumming feet up and down on table legs, moaning "Awwwww!" a few times, straightening her back upwards and stretching her head backwards, wringing her hands, moving back and forth from table, lifting feet up and down on table pedestal hitting it hard enough and making noise loud enough to hear dishes clank on the table. NA-B was sitting at R57's table feeding R57. NA-I was also in the dining room. - At 9:09 a.m. R57 wheeled herself down the hall past the medication cart lifting her legs up and down; she propelled herself to the entrance door wringing her hands.	F 282			

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F 282	<p>Continued From page 71</p> <ul style="list-style-type: none"> - At 9:10 a.m. NA-B wheeled R57 back to the dining room. - From 9:11 a.m. until 9:15 a.m. R57 continued to lift her legs up and down almost to her knee level, pushing herself back from table, wringing hands, stretching back up and head back going "Awwwww!", and hitting feet to floor hard, pounding feet up and down hard on floor, holding legs up, staring straight ahead with glazed look to her eyes. - At 9:16 a.m. R57 wheeled herself in the w/c down the hall past the medication cart to the entrance door pounding her feet up and down on the floor, drumming her fingers on the w/c, going "Awwwwwww,Awwwww, Awwwwwww." - At 9:18 a.m. NA-B walked in the hall past resident and stated, "You back at the door [R57]?" while R57 hitting her feet up and down on the floor making sound. - At 9:20 a.m. surveyor heard R57 say to the administrator, "I don't like living here." <p>On 6/11/14, at 9:31 a.m. R57 was observed sitting in the dining room in her w/c looking at the television, lifting her hands up and down, wringing her hands, wheeling herself back and forth, stretching up her back in chair, lifting her legs up and down almost near knee level, pounding on the floor with her feet with her tennis shoes, drumming her hands on her w/c wheels, staring with a glazed look, and breathing slightly hard.</p> <ul style="list-style-type: none"> - At 9:34 a.m. staff asked R57 if she wanted to go to an activity. R57 started wheeling herself down the hall past the medication cart, and R57 went and sat at the entrance door. - At 9:35 a.m. R57 was observed at the entrance door to be wringing her hands, pushing herself back and forth in w/c, breathing heavily, and kicking door hard and constantly. 	F 282			

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F 282	Continued From page 72 - At 9:36 a.m. staff took R57 to an activity. - At 1:01 p.m. R57 was found by surveyor lying in her bed in her room on her back, frantic looking with distressed look on her face, moving her legs all around, moving arms and hands constantly, agitated, stating she had pain when she saw surveyor. When R57 was asked if she could use her call light, R57 stated, "No, I don't know how to use my call light" and then R57 reached her left hand out towards left rail. R57 stated "my leg hurts" (pointing to her right upper outer side of thigh) and then rubbing her right upper outer leg with her right hand, kicking legs about with distressed look on her face. R57 had a glazed look to her eyes turning her head towards the left crying out, "Ow, ow" and wrung her hands. R57 had a reddened face with pained expression at that time crying out, grimacing, and rubbing the sides of her face vigorously while moving her whole body up and down in bed. NA-B was informed by the surveyor that R57 had pain and NA-B went to tell the nurse that R57 was in pain. -At 1:08 p.m. LPN-B came into resident's room and said "[R57], I have something for pain", R57 stated "Owww", eyes squinting, distressed look on her face, moving fingers saying "Owww, owwwww", rubbing face with hands. R57 cried out loudly "Owwwww" when LPN-B and NA-B moved R57 up in bed, face grimacing, and face reddened. NA-B stated to R57 "you are in pain." - At 1:11 p.m. R57 was given a PRN (as needed) Oxycodone (a narcotic pain medication) from LPN-B. - At 1:19 p.m. R57 stated to surveyor my right leg hurts all the time (while rubbing her right upper outer leg and her forehead). R57 also stated at this time "when I get the pain pill it helps with my pain." -At 1:35 p.m. when R57 was asked she stated to	F 282			

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F 282	<p>Continued From page 73 LPN-B she was feeling "better."</p> <p>R57's record included a Care Area Assessment (CAA) for pain dated 1/20/14, which indicated R57 had complaints of moderate pain daily in which R57 could not put a number to, utilized Oxycodone (pain medication), and positioning and therapies as she recovered from right hip fracture (fx).</p> <p>The Pain MDS 3.0 Responses assessment dated 1/22/14, indicated that R57 had verbal complaints of pain, has a right hip fx, c/o pain daily, received Tylenol 650mg daily prn, and Oxycodone 2.5ml every four hours prn. The information was requested and not provided.</p> <p>R57's care plan dated 3/31/09, read "Meds [medications] as per MD [medical doctor] order. Monitor for side effects and efficacy." The careplan also noted, "Resident's needs will be met while at HCC [health care center]. Staff anticipate needs when resident is not expressing them." Also the care plan for behaviors dated 3/31/09, staff were to reorient R57 for her behaviors of hollering and kicking at desk. Staff were to remove R57 from excessive stimulation and try to calm R57 down with 1:1's. Staff were to bring R57 to her room to watch television to reduce grabbing food from peers.</p> <p>An addition to the care plan on 1/20/14, noted, "Potential for alteration in COMFORT related to hip fracture Jan 2014. The resident will verbalize she is comfortable through the review date. Monitor and record any indications of non-verbal pain: Changes in breathing (noisy, deep/shallow, labored, fast/slow) Vocalizations (grunting, moans, yelling out, silence); Mood/behavior (changes, more irritable, restless, aggressive,</p>	F 282			

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F 282	<p>Continued From page 74</p> <p>squirmy, constant motion); Eyes (wide open/narrow slits/shut, glazed, tearing, no focus); Face (sad, crying, worried, scared, clenched teeth, grimacing) Body (tense, rigid, rocking, curled up, thrashing)."</p> <p>In addition the careplan for alteration in comfort states, "Notify physician if interventions are unsuccessful or if current complaint is a significant change from residents past experience of pain." The care plan also lacked any evidence of any non-pharmalogical pain interventions being put into place for R57.</p> <p>The Pain MDS 3.0 Responses assessment dated 4/11/14, indicated no pain for R57 with no signs of pain observed or documented by staff. Under Pain Management on the pain assessment it indicated R57 received non-medication intervention for pain. Under Interventions and effectiveness: "restorative program set up after R57 completed therapy following hip fracture" and under Comments read: "denies pain." The Pain Assessment lacked a consistent pain scale identification system to rate R57's pain. The information was requested and not provided.</p> <p>The 4/14/14, dated MDS depicted R57 as not receiving any scheduled pain medication but did use PRN medication to control the pain. Also, the 4/14/14, MDS indicated R57 received non-pharmacological pain interventions.</p> <p>The Pain MDS 3.0 Responses assessment dated 4/15/14, indicated "pain almost constantly, can hardly sleep at night, has limited day to day activities, verbal descriptor scale of pain moderate, vocal complaints of pain, resident has order for Tylenol (used for mild to moderate pain) PRN, Oxycodone (used for moderate to severe</p>	F 282			

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F 282	<p>Continued From page 75</p> <p>pain) PRN" and indicated under Comments: "Resident has right hip fx [fracture], and c/o pain daily." The Pain MDS assessment lacked the pain intensity number on a scale from 00 through 10. The pain assessment lacked evidence of any non-pharmalogical pain interventions being assessed for R57 and lacked evidence of rating the intensity of R57's daily pain. The Pain Assessment lacked a consistent pain scale identification system to rate R57's pain. The information was requested and not provided.</p> <p>On 4/18/14, at 9:39 a.m. R57 was seen by nurse practitioner (NP) and the NP's Progress Note stated, "Interview with the patient today reveals that she continues to have occasional right hip pain that seems to come and go throughout the day. She notices it primarily when she is attempting to use her legs to move her w/c. She has been having pain in the right hip since she initially fractured her right hip several months ago." NP's 4/18/14, progress note also read, under Assessment and Plan read "History of right femoral neck fracture, status post Hemiarthroplasty in January 2014. The patient continues to experience pain in the right hip on and off. She did have a fall on March 2nd. We will continue with p.r.n. Oxycodone for pain control." No further documentation was found in the medical record involving any communication between nursing staff to NP regarding R57 having moderate pain almost constantly in April 2014.</p> <p>On 4/25/14, at 9:00 a.m. at R57's office visit for Medication Management R57 stated to physician that she had been not sleeping well as a result of the right hip pain.</p> <p>The Progress Notes were reviewed from 4/25/14,</p>	F 282			

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F 282	<p>Continued From page 76 forward and the following was noted:</p> <ul style="list-style-type: none"> - On 4/25/14, at 8:20 p.m. "Right lower extremity is slightly swollen from hip to mid-thigh." - On 5/31/14, read, "Resident complained of pain in right hip, she was yelling she was in pain and grabbing at her right hip. Nurse gave PRN Tylenol. When asked [R57] stated that she was no longer in pain." - On 6/11/14, at 2:42 read "Resident c/o [complain] leg pain this shift. PRN Oxycodone 2.5ml [milliliter] x 1 @ 1:10 p.m., resident is in bed resting at this time." - On 6/12/14, at 15:02 read, "Resident c/o leg pain this shift, prn at 8:30 a.m. seems to be doing well." <p>Physician Orders dated 6/5/14, included Tylenol 2 tablets (tabs) 650 milligrams (mg) po (oral) as needed for pain ordered 1/7/14, and oxycodone hydrochloride (HCL) 2.5 mg po every four hours as needed for moderate pain ordered 1/20/14.</p> <p>On 6/13/14, Restorative Program documentation sheets read under Comments: "Resident [R57] was in too much pain in legs 6/13/14." The medical record lacked documentation if that was reported to the nurse.</p> <p>The Medication Administration records (MARs) were reviewed from April 2014 forward and the following was noted:</p> <ul style="list-style-type: none"> - April 2014 MAR noted PRN Tylenol was given to R57 on 4/4/14, and 4/14/14, and PRN Oxycodone given on 4/4/14, 4/14/14, 4/24/14, 4/27/14, and 4/30/14. - May 2014 MAR notes PRN Tylenol given to R57 on 5/2/14, 5/21/14, and 5/31/14, noting 5/31/14, PRN Tylenol given for leg pain and noted 'effective' for Result on back of MAR. Also 5/2/14, 	F 282			

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F 282	<p>Continued From page 77</p> <p>and 5/21/14, administration of PRN Tylenol was not followed up for effectiveness of pain medication neither on back of MAR nor in a progress note for R57.</p> <p>- June 2014 showed PRN Tylenol was given one time on 6/3/14, PRN Oxycodone given once on 6/8/14, 6/11/14, and 6/12/14. Documentation showed PRN Oxycodone given on 6/11/14, and 6/12/14, for leg pain as 'Helpful' under Result (follow up for pain medication effectiveness) by LPN-B. On 6/3/14 and 6/8/14, the administration of PRN Tylenol showed no follow-up for pain medication effectiveness on back of MARs. It also could not be determined if the Tylenol or the oxycodone was effective in managing R57's pain as the PRN medication was not being documented as effective or not. The MARs lacked evidence of using a consistent rating system to monitor the intensity of R57's pain to determine what was "moderate" pain to determine when R57 needed the PRN Tylenol or the PRN Oxycodone to manage the pain. Both PRN medications lacked parameters as to when they were to be given for pain. The MARs lacked evidence of re-assessing R57's pain at least every shift according to the facility's Pain Clinical Protocol revised 10/10.</p> <p>On 6/10/14, at 11:10 a.m. LPN-F stated that R57 always had pain because R57 was always moving and kicking her feet.</p> <p>On 6/11/14, at 7:59 a.m. LPN-B stated that staff tried to redirect R57 as she hurt her hip, and that if R57 kept kicking her legs R57 would sometimes complain of leg pain.</p> <p>- At 10:18 a.m. trained medication assistant (TMA)-A stated that R57 had no routine pain medications, and that R57 will scream and say</p>	F 282			

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F 282	<p>Continued From page 78</p> <p>her legs hurt. TMA-A stated R57's legs hurt from R57's constantly kicking out. TMA-A also stated that she would give R57 a PRN Tylenol if R57 asks for it. TMA-A verified R57 had been given PRN Tylenol in June only on 6/3/14 and 6/8/14, with no follow-up for effectiveness of pain medication noted on the back of the MAR. The TMA also verified the medical record lacked evidence of documentation for follow up for pain that was noted in progress notes 6/3/14, or 6/8/14.</p> <p>- At 1:30 p.m. NA-B stated that she knew when R57 had pain by R57's crying out or by R57 asking for pain medication.</p> <p>- At 1:41 p.m. LPN-B stated R57 had a hip fracture a couple of months ago, and that R57 used to smoke. "[R57] continues to try to get into the smoke room and [R57] kicks at the smoke door to get in." She stated that staff tried to redirect R57 when R57 did that. LPN-B stated that you would know if a resident was in pain by their facial expression. LPN-B also stated that R57 would sometimes tell you if she was in pain. R57 would not ask for pain medication but R57 would tell nurse if she was in pain if nurse asked R57.</p> <p>- At 1:55 p.m. LPN-B stated R57 did not complain of pain until she started kicking the door and under the table. LPN-B also stated staff tried to redirect R57 when she kicked her feet by telling her to stop, reposition her, turn R57 away from table, or watch television.</p> <p>On 6/12/14, at 9:32 a.m. NA-I, stated R57 was on the restorative program and R57 did range of motion (ROM) legs and arms while in the w/c. NA-I stated R57 sometimes complained that her legs hurt. NA-I stated R57 had pain because R57 kicked the smoking room door and every day R57</p>	F 282			

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F 282	<p>Continued From page 79</p> <p>kicked the smoking door when other residents go in to smoke three times a day. NA-I stated, "You tell R57 to stop kicking, but R57 is determined to get in the smoke room and won't stop when you tell her to stop kicking." NA-I stated she redirects R57 but R57 kept coming right back and kept kicking the door until R57 finally gets tired. NA-I stated R57 would moan and groan if she was in pain and NA-I would ask her and R57 would state "my legs hurt."</p> <p>- At 10:37 a.m. LPN-B stated nursing did not monitor R57's pain and that staff would know if R57 had pain if R57 kicked the door or screamed out.</p> <p>- At 3:17 p.m. registered nurse (RN)-B stated R57 reported her hip hurting when she had pain. RN-B stated she gave R57 a PRN Oxycodone today at 8:30 a.m. for pain and said it was "helpful." RN-B stated R57 would start to rub her hip and state "my leg hurts" and then RN-B would give R57 Tylenol (pain medication) and reposition R57. RN-B stated RN-B was able to redirect R57 and get R57 calm if she had time to spend with her, sit down with her, distract her, reposition her, and give R57 Tylenol if needed.</p> <p>Interview with IDON on 6/11/14, at 2:04 p.m. IDON stated that she expects staff to follow resident's care plan. The IDON stated "I think so" when asked if staff had been provided any pain management training and was unsure about when the training had been.</p> <p>On 6/12/14, at 2:18 p.m. the NP was interviewed and stated "did not remember if she was called mid April 2014 regarding R57 having constant moderate pain." NP stated, "She [R57] should be on something for it [the pain], next time I visit her [R57] I will review her pain." R57 remained at</p>	F 282		

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F 282	<p>Continued From page 80</p> <p>harm as the facility did not comprehensively re-assess, implement the care plan for monitoring efficacy of the medications or re-evaluate R57's pain she was experiencing in her hip, legs and feet.</p> <p>R47</p> <p>R47 did not receive scheduled pain medication in a timely manner when in "unbearable pain". In addition, R47 did not receive requested PRN (as needed) pain medication when in "unbearable" pain "9" out of ten on the pain scale.</p> <p>The MDS dated 4/28/14, indicated R47 scored a 15 on the BIMS which indicated intact cognition. The Admission Record dated 6/13/14, included diagnoses of other chronic pain, and hidradenitis (a skin disease characterized by clusters of chronic abscesses, epidermoid cysts, sebaceous cysts, pilonidal cyst).</p> <p>R47 was observed on 6/13/14, at 9:09 a.m. sitting in his w/c at the medication cart in the dining room requesting his medications from TMA-A. The TMA-A stated to R47, "I can't. I have too many residents to do." R47 replied, "I've been waiting for pain med [medication] before I went out smoking at 8:30 a.m." R47 turned the w/c around and started wheeling himself down the hall.</p> <p>- At 9:11 a.m. R47 stated to surveyor, "She [TMA-A] said she would have it [pain medication] before when I asked her [TMA-A] this morning. R47 answered he had not been asked by TMA-A where or how much his pain was or offered any non-pharmalogical interventions. When R47 was asked about the rating of the pain from surveyor, R47 stated his pain was a "9" out of possible 10</p>	F 282			

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F 282	Continued From page 81 sitting on his butt, that the pain was "unbearable", and that he was going to his room to lie down and get off his butt. - At 9:13 a.m. TMA-A was observed and overheard telling a female resident who had asked for a pain medication she could not give resident pain medication at the time because she was too busy doing other residents' medications. TMA-A did not ask the female resident either where and how much pain the she was having. - At 9:20 a.m. R47 was observed in his room lying in his bed on his left side. R47 stated he had not yet received any pain medication. R47 also stated that he had put his call light on right when he came to his room and a NA came in and said she would tell the TMA about R47's pain. R47 also stated "I have been waiting for my pain medication since 8:30 a.m." - At 9:30 a.m. R47 stated he had just gotten his prn pain medication (later to be found R47 had not been given the prn pain medication he had asked for) five minutes ago and that there was no effect yet from the pain medication given to him. - At 10:15 a.m. R47 was observed in his room in his bed lying on his right side, watching television. When asked R47 stated "pain is still '8' was '9', they say there is nothing else they can do." - At 10:38 a.m. R47 was observed in his room in his bed lying on his right side. R47 stated he was lying down on his bed on his right side because his "bottom hurts." R47 reiterated he had told TMA-A at 8:30 a.m. morning that he needed his 8 a.m. scheduled pain medication and a prn pain medication because his pain was so great. R47 stated TMA-A said to him she would get his medications ready for him. When asked R47 also stated TMA-A at the time of his request for pain medication at 8:30 a.m. had not asked him where and how much the pain he was having but had	F 282			

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F 282	Continued From page 82 stated to R47 she was unable to give R47 his pain medications because TMA-A was busy working on other residents medications. R47 stated "everything hurts, my testicles, my butt, and my open wound on butt." R47 also stated he had had surgery on his bottom, he felt angry, about the pain, about what he was doing here, about "everything." R47 also stated the "doctor tells me I have a terrible illness, don't tell me how long I will have it, hydrocephus [sic], they don't want to give me anything for pain, because they say I will drink." R47 also stated his pain at " 9 " is "pretty bad pain, unbearable" and hurts my whole body. R47 also stated, "I let staff know about pain, it takes them so long to do anything, they [TMA/nurse] always say they are doing somebody else." - At 10:46 a.m. R47 was observed in his room lying on his side in his bed. Surveyor heard and saw R47 groan "Owwwww" and facial grimace, R47 with guarding move slowly to sit up. When asked, R47 rated his pain "8". - At 11:41 a.m. R47 was observed in his room lying on his bed and when asked, R47 rated his pain a "6". R47 stated he only can get a PRN pain medication for pain every six hours and he was going to ask for another prn pain medication when he can get one. R47 stated to surveyor he would want more pain relief if he could get it. - At 12:43 p.m. R47 was lying in his bed in his room, when asked rated his pain a "5" and stated that his "testicles and bottem always hurt". R47 also stated "I asked the TMA [TMA-A] this morning for one Tramadol (pain medication) and two Tylenol." When asked by surveyor what medication he had received this morning from the TMA-A, R47 stated "I believe she [TMA-A] gave me what I asked for" Tramadol and Tylenol. - At 12:45 p.m. when asked TMA-A stated she	F 282			

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F 282	Continued From page 83 had not identified to R47 what medications she had given to R47 when she gave R47 his morning medications. TMA-A also stated R47's morning medications were due at 8:00 a.m. and "I think I gave him [R47] his meds [medications] about 8:45 a.m." TMA-A stated to surveyor it was her first day she had worked on Station 1 in the month of June. TMA-A stated she had been working on Stations 3 and 4, and also stated it took her longer to pass medications on Station 1 as she was not familiar with residents' medications. - At 12:47 p.m. when asked TMA-A stated she thought R47 had not asked earlier for PRN Tylenol, that R47 had asked for PRN Tramadol and she (TMA-A) had told R47 "no", because R47 had a scheduled Tramadol. - At 12:55 p.m. TMA-A was informed R47 had told surveyor R47 believed he had been given PRN Tylenol earlier by TMA-A, and TMA-A replied, "I will give him [R47] 2 p.m. Tramadol." When surveyor repeated to TMA-A R47 thinks you already gave him PRN Tylenol this morning TMA-A answered "I can't leave the dining room now until another staff comes," as we always have to have one staff in the dining room. - At 1:05 p.m. TMA-A with surveyor intervention went to R47's room where R47 was lying in bed on his side. TMA-A stated to R47 "I just gave you Tramadol this morning, not Tylenol, you said Tramadol, not Tylenol." R47 replied to TMA-A, "I told you Tylenol at 8:30 a.m." TMA-A argued to R47 "You said Tramadol" and R47 told TMA-A again he had not requested PRN Tramadol but had asked TMA-A earlier for PRN Tylenol and stated like he did every morning. TMA-A again argued with R47 he had not asked for prn Tylenol. Surveyor then asked TMA-A to look at the June MAR for PRN Tylenol administration. After	F 282			

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F 282	<p>Continued From page 84</p> <p>looking at the June MAR and seeing R47 had been getting prn Tylenol in the mornings TMA-A stated to R47, "I will have to check with the nurse" and started walking down the hall. TMA-A did not ask R47 where his pain was, did not ask R47 to rate his pain he was having, nor did she offer any other pain alternative to R47. TMA-A went down the hall to the nurse's station where LPN-H was sitting and asked LPN-H if R47 could have a PRN Tylenol. Without any discussion about where or how much pain R47 was having or when R47 had last had a PRN Tylenol for pain, LPN-H answered, "Yes R47 can have a prn Tylenol."</p> <p>- At 1:07 p.m. with surveyor intervention TMA-A gave R47 the prn Tylenol that he had requested at 8:30 a.m. No questions were asked by TMA-A at this time to R47 about where or how much pain R47 was having nor were any alternatives for pain offered.</p> <p>- At 2:12 p.m. on 6/13/14, R47 rated his pain on his bottem and testicles a "5" and stated his bottem and testicles "always hurt, they don't give me strong enough stuff." R47 stated he did not feel he was getting the help he needed for his pain, "I know I'm not." R47 stated the morphine gel he gets to his bottem does not help much. R47 also stated he had lidocaine before for his bottem and it had helped some. R47 stated he he had told them this but they do not listen to him about it, and stated "staff don't care, and they don't help."</p> <p>MDS Quarterly dated 11/4/13, reported R47 on a scheduled pain medication regime, received PRN pain medications, reports R47's pain as almost constantly having pain, pain has made it hard for R47 to sleep at night, and R47 rates pain a "9" on the numeric pain rating scale.</p> <p>MDS Quarterly dated 2/13/14, reported R47</p>	F 282		

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F 282	<p>Continued From page 85</p> <p>received PRN pain medications, frequently has pain, pain has made it hard for R47 to sleep at night, pain has limited R47's day to day activities, and rates R47's pain moderate on the verbal descriptor scale.</p> <p>MDS Annual Assessment dated 4/28/14, reported R47 on scheduled pain medication regime, did not receive PRN pain medication, received non-medication intervention for pain, reported R47 having pain almost constantly rating pain an "8" on a pain scale one to ten.</p> <p>Pain Assessment dated 11/18/13, signed by LPN-I reports Vocal complaints of pain, and Received scheduled pain medication regimen.</p> <p>Pain Assessment dated 2/4/14, signed by LPN-D reported "Vocal complaints of pain, rates pain intensity 8 on Numeric Rating Scale (00-10), received scheduled pain medication regimen, Neurontin [used to treat seizures and nerve pain], Baclofen [acts on the spinal cord nerves and decreases the number and severity of muscle spasms], Percocet [an analgesic used for moderate to severe pain], Flexeril [a muscle relaxant used to treat skeletal muscle conditions such as pain or injury], and received PRN pain medications."</p> <p>The CAA dated 4/28/14, reported, "Resident has chronic pain. He receives scheduled meds for pain relief i.e. topical morphine gel [used for moderate to severe pain], Neurontin and Cymbalta [used to treat major depressive disorder, general anxiety disorder and fibromyalgia], he also has Flexeril and Tylenol ordered as needed. Our goal will remain that resident will report that his pain is at a tolerable level with his current regime. Staff will continue to</p>	F 282			

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F 282	<p>Continued From page 86</p> <p>administer his meds as per order, encourage decreased activity when pain is worse, monitor effectiveness of meds and update to MD if not effective at controlling pain."</p> <p>The Pain Assessment dated 4/30/14, signed by LPN-I reported "Vocal complaints of pain, received scheduled pain medication regimen, treatment Morphine gel [an amorphous hydrogel which gently re-hydrates necrotic tissue, facilitating autolytic debridement] to sacral, peri wound [the tissue surrounding the wound itself] bid [twice a day], and Treatment to wound."</p> <p>Current Careplan dated 8/25/09, reads: Potential for alteration in COMFORT. Resident has chronic pain in addition to acute pain from extensive rectal surgery and resident will report pain is at a tolerable level while at HCC. Meds as per order. (topicals prior to drsg changes) encourage decreased activity when pain is worse. Monitor effectiveness and update to MD if not effective at controlling pain.</p> <p>Current Careplan dated 5/31/12, reads: Potential for alteration in COMMUNICATION related to resident speaks, using a soft voice but is usually understood and able to understand what others say to him in a normal volume. Careplan reads that resident's needs will be met while he is at the HCC and staff are to listen carefully to what resident is saying and ask him to reiterate what he has said if he is not understood.</p> <p>Physician Orders for April 2014 unsigned by physician, signed and dated by RN-E on 3/25/14. The orders included: - Acetaminophen 500 milligrams (mg) caplet 2 caplets (1000 mg) by mouth (PO) every eight hours as needed for pain ordered 8/27/13,</p>	F 282			

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F 282	<p>Continued From page 87</p> <ul style="list-style-type: none"> - Flexeril 1 tablet (tab) PO every eight hours as needed for pain only related to muscle spasms ordered 8/27/13, - Neurontin 300 mg 1 capsule (cap) PO every noon ordered 3/11/14, - Neurontin 300 mg cap PO every morning ordered 3/11/14, - Neurontin 300 mg 2 caps (600mg) PO every evening ordered 3/11/14, - Baclofen 10 mg tablet 1 and 1/2 tabs (15mg) PO four times daily (8am, 12pm, 4pm, and 8pm) ordered 8/27/13, - Morphine 0.1% Intrasite Gel --Apply to open wounds every eight hours as needed for pain ordered 3/6/14. <p>The April 2014 MAR showed R47 received PRN Tylenol two times in April on 4/10/14, and 4/27/14, with no follow up for pain effectiveness on back of April MAR. May 2014 MAR showed R47 received no PRN Tylenol for pain for the month of May. The May 2014 MAR showed R47 received PRN Tramadol (used for moderate to severe pain) for pain one time on 5/31/14, with no follow up for pain effectiveness noted on back of May MAR. Tramadol PRN for pain was started on 5/30/14. The June 2014 MAR showed R47 received PRN Tylenol for pain on 6/5/14, 6/6/14, 6/9/14, 6/10/14, and 6/11/14. Documentation on back of MAR showed follow up for pain effectiveness under Result for Tylenol given on 6/6/14, and 6/10/14, only. The June 2014 MAR showed R47 received PRN Tramadol for pain on 6/4/14, with no follow up for pain effectiveness on back of MAR.</p> <p>Progress Notes were reviewed from 6/1/14, going forward:</p> <ul style="list-style-type: none"> - 6/1/14, at 2:08 p.m. "Res [resident] allowed tx [treatment] done to gluteal fold & groin area, had 	F 282			

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F 282	<p>Continued From page 88</p> <p>pinkish drainage to soiled drsg. Had ultram [used for moderate to severs pain] 50 mg po b/4 [before] tx done. Will request ultram 50 mg po at 6 a.m. & 12 noon to be able to do tx after lunch which is ok with him."</p> <p>- 6/2/14, 10:50 a.m. "Res was approached in his room for treatment to his several wounds, he requested pain medication before treatment, PRN tylenol 1g was given at 9:45 a.m. per orders and told the treatment will be done after an hour. Writer went back to do treatment at 11 a.m., res refused saying he was still in pain. Res had taken tramadol 50mg at 7:30 a.m."</p> <p>- 6/3/14, at 10:10 a.m. read "Tx done & and had very foul odor & had paper towels on groin open areas & writer stated 'please do not refuse tx?' res stated 'I'm going to keep refusing if I don't get anything stronger for pain!' writer stated 'I assumed you were ok with ultram?' res stated 'it does not help me!' res does grimace in pain when doing his tx to buttocks & groin area."</p> <p>- 6/5/14, at 10:49 a.m. read "res stated 'if they don't give me something for pain I'm going back to drinking & smoke marijuana then!' writer stated 'you are only hurting yourself & doesn't the morphine sulfate help you?' res yelled 'it doesn't do s--t!' Res also throws his tapes, soiled cups, clothes on the floor."</p> <p>- 6/10/14, at 2:30 p.m. read "resident stated don't think treatment is helping."</p> <p>- 6/12/14, at 10:43 a.m. read "Res c/o pain when asking to turn self-stating 'I have a hard time moving due to the pain.'"</p> <p>NP progress noted dated 6/4/14, stated Resident was seen today for the first time by this provider [NP] after a re-admission on 5/30/14. The patient was transferred from HCMC [Hennepin County Medical Center] where he was hospitalized from</p>	F 282			

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F 282	<p>Continued From page 89</p> <p>May 15th through May 30th after assaulting another patient at the nursing home. Nursing staff reports that the patient has been complaining of pain in his buttocks where his hydradenitis suppurativa is. Interview with the patient today reveals that he has been having pain in the buttocks where he receives wound treatment every day for more than a year. He reports the pain is continuous in nature. He does not believe the Tramadol is necessarily very helpful and he is asking for Oxycodone or Tylenol 3 today. He believes the wounds in his groin and buttocks have been draining slightly. He reports he has trouble sleeping at night, this has been going on for a long time ' Skin: There is a fissure like ulcer noted in the sacral region. There is a small amount of serosanguineous drainage noted to be coming from the area. There are also fissure like open areas in the bilateral groins with a small amount of serosanguineous drainage noted to be coming from these areas as well.</p> <p>Assessment and Plan: 2. Hydradenitis suppurativa with chronic sacral ulcer, groin ulcers, and colostomy. Will continue with current treatment and use morphine gel for pain management as well as tramadol which we have now scheduled. Will continue also with p.r.n. Tylenol for breakthrough pain. He (R47) also has been running a low-grade temp. We will check CBC[complete blood count]. 5. Osteoarthritis with chronic pain. As above, we will continue with current regimen of scheduled Tramadol and p.r.n. Tylenol."</p> <p>During interview with IDON on 6/12/14, at 1:51 p.m. IDON stated (while IDON looking at progress notes in computer for R47), R47 has had ongoing issues, on 4/26/14, there was a call to physician and R47 was sent to Hennepin</p>	F 282			

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F 282	<p>Continued From page 90</p> <p>County Medical Center Emergency Room for complained of pain in rectum, chills, urinary retention, and stool coming out of rectum despite colostomy. IDON also stated that R47 had not received any pain medication for two weeks before going to the hospital for pain. The IDON stated the nurses on the stations do the pain assessments, with medication change, and also with c/o pain by resident, and the quarterly pain assessment was done with the quarterly MDS.</p> <p>When asked on 6/12/14, at 1:51 p.m. IDON stated she had heard in report R47 had told staff if he did not get help for his pain would drink alcohol and/or marijuana. When asked IDON stated she did not know where R47 would get alcohol or drugs. IDON also stated she had only been Interim DON for the last couple of weeks.</p> <p>When interviewed on 6/13/14, at 9:14 a.m. IDON stated she expected nurses and TMAs to administer medications in a timely manner per policy. IDON stated she expected TMAs and nurses to ask the resident where the pain is and the resident's rating of pain when a resident asks for a prn pain medication per policy. IDON also stated she would expect a resident to wait no more than five to 10 minutes for a prn pain medication for a resident's pain rating of a "9."</p> <p>On 6/13/14, at 10:13 a.m. when asked TMA-A stated when residents ask her for pain medications, "I ask them [residents] if it prn or scheduled. If prn I have to check with the nurse, I tell them [the residents] I am in the middle of meds [medications], and I will get to you [the resident] later."</p> <p>On 6/11/14, at 2:04 p.m. IDON stated that she</p>	F 282			

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F 282	<p>Continued From page 91</p> <p>expects staff to follow resident's care plan. The IDON stated "I think so" when asked if staff had been provided any pain management training and was unsure about when the training had been.</p> <p>On the revised April 2010 Administering Medications policy it states: Medications shall be administered in a safe and timely manner, and as prescribed.</p> <p>3. Medications must be administered in accordance with the orders, including any required time frame.</p> <p>9. Medications must be administered within one (1) of their prescribed time.</p> <p>--As required or indicated for a medication, the individual administering the medication will record in the resident's medical record: 16a. The date and time the medication was administered; 16b. The dosage 16c. The route of administration; 16e. Any complaints or symptoms for which the drug was administered; 16f. Any results achieved and when those results were observed; and 16g. The signature and title of the person administering the drug.</p> <p>The Pain--Clinical Protocol Revised October 2010 states under Assessment and Recognition:</p> <p>--1. The physician and staff will identify individuals who have pain or who are at risk for having pain.</p> <p>--2. The nursing staff will assess each individual for pain upon admission to the facility, at the quarterly review, whenever there is a significant</p>	F 282			

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F 282	Continued From page 92 change in condition, and when there is onset of new pain or worsening of existing pain. --3. The staff and physician will identify the nature (characteristics such as location, intensity, frequency, pattern, etc.) and severity of pain. 3a. Staff will assess pain using a consistent approach and a standardized pain assessment instrument appropriate to the resident's cognitive level. 3b. The staff will observe the resident (during rest and movement) for evidence of pain; for example, grimacing while being repositioned or having a wound dressing changed. --4. The nursing staff will identify any situations or interventions where an increase in the resident's pain may be anticipated; for example, wound care, ambulation, or repositioning. --5. The staff and physician will also evaluate how pain is affecting mood, activities of daily living, sleep, and the resident's quality of life, including complications such as gait disturbances, social isolation, and falls. The Pain--Clinical Protocol Revised October 2010 states under Monitoring: --1. The staff will reassess the individual's pain and related consequences at regular intervals; at least each shift for acute pain or significant changes in levels of chronic pain and at least weekly in stable chronic pain. 1a. For example, review frequency and intensity of pain, ability to perform activities of daily living (ADL's), sleep pattern, mood, behavior, and participation in activities.	F 282			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must	F 309			

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F 309	<p>Continued From page 93</p> <p>provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure residents had adequate assessment, intervention, development, implementation and/or monitoring, to ensure adequate pain management for 2 of 4 residents (R57, R47) reviewed for pain. In addition, the facility did not identify and monitor bruises of unknown origin for 1 of 1 resident (R71).</p> <p>Findings include:</p> <p>R57's record was reviewed. A quarterly Minimum Data Set (MDS) dated 4/14/14, indicated R57 scored 10 out of 15 on the Brief Interview for Mental Status (BIMS), which indicated R57 had moderately impaired cognition.</p> <p>The resident's Admission Record printed 6/13/14, identified the resident had diagnoses including: pain in joint- site unspecified, and generalized osteoarthritis unspecified site. The Admission Record also indicated R57 had sustained a hip fracture with right hip hemiarthroplasty following a fall in January 2014, and had pain from that site.</p> <p>During interview with R57 on 6/10/14, at 9:03 a.m. R57 was asked the question, "Do you have any discomfort now or have you been having discomfort such as pain, heaviness, burning, or</p>	F 309	<p>F309</p> <p>R47 has had his pain management plan reviewed, had a new pain assessment completed and the care plan was updated.</p> <p>R57 had a new pain assessment completed and the care plan was updated to include non-pharmacological interventions. R 57 continues to receive pain medication as ordered.</p> <p>R71 had a skin assessment completed to include the identified bruise. Resident was interviewed regarding the possible cause of the bruise. The care plan was updated to include potential for skin problems.</p> <p>Staff have received training on Pain Management interventions and expectations.</p> <p>Staff have been educated on the expectation that bruises are reported timely.</p> <p>Residents identified to have a bruise will have An investigation to determine possible causes.</p>		

*Re: To e pain and do
Residue need skin
condition will have*

*to e of 10/20/14
Completed*

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F 309	<p>Continued From page 94</p> <p>hurting with no relief?" R57 had responded, "I almost always have pain on my right upper leg [pointing to right upper outer thigh], it hurts a lot, pain pills help with the pain."</p> <p>During an observation of R57 on 6/10/14, at 12:05 p.m. in the dining room R57 was observed in her wheelchair (w/c) moving constantly back and forth in the w/c, rubbing the sides of her head, stomping her feet on the floor and breathing heavily. During the observation, the resident was heard to be moaning "Aaaah, Aaaah." Nursing assistant (NA)-B was observed in the dining room and did not intervene for the pain R57 was experincing.</p> <p>On 6/11/14, at 7:47 a.m. R57 was observed sitting in her w/c kicking her feet up and down on floor, moving both hands and fingers about. NA-B stated to R57, "If you keep doing that you are going to make your legs hurt." R57 continued to kick her feet up and down to floor, wringing her hands, and stretching her head back for a few minutes until taken to the dining room by NA-B. Through out her time in the dining room, R57 was observed to have physical movements that appeared to related to pain:</p> <p>-At 7:56 a.m. R57 was observed sitting in her w/c in the dining room moving hands and fingers and tapping on the table, moving back and forth from the table, stretching head back while closing her eyes. Licensed practical nurse (LPN)-B stated at 7:58 a.m., "You need to stop that or your legs will hurt."</p> <p>- At 8:03 a.m. R57 was tapping her hands on her w/c, and was observed to wheel herself back from the table, moaning "Ow,ow,ow,ow,owl" NA-I asked R57 if she had pain and R57 was heard to respond "yes." NA-I was observed not to inform</p>	F 309	<p>Audits will be conducted weekly x 4 weeks and monthly x 2 months to determine if residents had their pain needs met timely and residents with identified bruises have a completed assessment and careplan</p> <p>Audit results will be reviewed by the QA Committee to determine ongoing audit schedules and interventions.</p> <p>The Director of Nursing/designee is responsible to maintain compliance.</p>	7/23/14

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F 309	<p>Continued From page 95</p> <p>the licensed nursing staff that R57 was experiencing pain.</p> <ul style="list-style-type: none"> - During continuous observations from 8:03 a.m. until 9:02 a.m. when R57 was assisted with toileting by NA-B and NA-I, R57 continued to constantly move her hands and fingers, tap on the table, push herself back from the table in her w/c, lifting feet up and down, drumming her feet up and down on the table pedestal, and was moaning "Aww" while straightening her back upwards and stretching her head backwards, wringing her hands, moving back and forth from table, lifting feet up and down on table pedestal hitting it hard enough and making noise loud enough to hear dishes clank on the table. During that time, NA-B was sitting at R57's table feeding R57. During that time, NA-B did not ask the resident if the resident was in pain. - At 9:09 a.m. R57 wheeled herself down the hall past the medication cart lifting her legs up and down; she propelled herself to the entrance door and sat in the w/c wringing her hands. - At 9:10 a.m. NA-B took R57 back to the dining room in her w/c. - From 9:11 a.m. until 9:15 a.m. R57 was observed to lift her legs up and down, pushing herself back from table, wringing hands, stretching back up and head back and making an "Aww" sound. R57 was pounding her feet up and down hard on the floor, and was holding her legs up at times, staring straight ahead with a glazed look in her eyes. - At 9:16 a.m. R57 wheeled herself in the w/c with hands, down the hall past the medication cart to the entrance door. She was pounding her feet up and down on the floor, drumming her fingers on the w/c at times while making sounds of "Aww, Aww." - At 9:18 a.m. NA-B walked in the hall past R57. 	F 309		

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F 309	<p>Continued From page 96</p> <p>NA-B stopped and stated to R57, "You back at the door [R57]?" The resident was hitting her feet up and down on the floor during that time. Although R57 experienced non-verbal pain indicators, NA-B did not intervene.</p> <p>On 6/11/14, at 9:31 a.m. R57 was observed sitting in the dining room in her w/c looking at the television, lifting her hands up and down, wringing her hands, wheeling herself back and forth, stretching up her back in chair, lifting her legs up and down almost near knee level, pounding on the floor with her feet with her tennis shoes, drumming her hands on her w/c wheels, staring with a glazed look, and breathing hard.</p> <p>- At 9:34 a.m. activity staff-A asked R57 if she wanted to go to an activity. R57 started wheeling herself down the hall past the medication cart, and went and sat at the entrance door. The activity staff-A did not indicate the nursing staff R57 was uncomfortable as R57 continued to display non-verbals indicators of pain.</p> <p>- At 9:35 a.m. R57 was observed at the entrance door to be wringing her hands, pushing herself back and forth in w/c, breathing heavily, and kicking door hard and constantly.</p> <p>- At 9:36 a.m. staff took R57 to an activity.</p> <p>During additional observations at 1:01 p.m. on 6/11/14, R57 was lying on her bed in her room on her back, with a distressed look on her face, moving her legs all around, moving arms and hands constantly, and appearing agitated. R57 told the surveyor she had pain. When R57 was asked whether she could use her call light, R57 stated, "No, I don't know how to use my call light," then R57 reached her left hand out towards the left bed rail. R57 stated "my leg hurts" (pointing to her right upper outer side of thigh) and rubbing</p>	F 309			

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F 309	<p>Continued From page 97</p> <p>her right upper outer leg with her right hand, kicking her legs about with a distressed look on her face. R57 had a glazed look to her eyes turning her head towards the left and crying out, "Ow, ow" while she wrung her hands. R57 had a reddened face with pained expression at that time crying out, grimacing, and rubbing the sides of her face vigorously while moving her whole body up and down in bed. NA-B was informed by the surveyor that R57 had pain and NA-B went to tell the nurse about R57's pain.</p> <p>-At 1:08 p.m. LPN-B came into the resident's room and said "I have something for pain", R57 stated "Ow." The resident was squinting her eyes and had a distressed look on her face, moving her fingers while saying "Ow, ow", rubbing her face with hands. R57 was heard to cry out loudly "Ow" when LPN-B and NA-B repositioned R57 upwards in her bed. R57 had a facial grimace and reddened face. NA-B stated to R57, "you are in pain."</p> <p>R57 received a PRN (as needed) Oxycodone (a narcotic pain medication) from LPN-B following the repositioning.</p> <p>- At 1:19 p.m. R57 stated to surveyor, "my right leg hurts all the time" (while rubbing her right upper outer leg and her forehead). R57 also stated at that time "when I get the pain pill it helps with my pain."</p> <p>-At 1:35 p.m. LPN-B was observed to ask R57 how she was feeling, the resident was heard to respond "better." R57 was observed to have no wringing of hands and no leg movements.</p> <p>R57's record included a Care Area Assessment (CAA) for pain dated 1/20/14, which indicated R57 had complaints of moderate pain daily, and that R57 was unable to identify the severity of the pain by putting a number to it. The CAA indicated</p>	F 309		

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F 309	<p>Continued From page 98</p> <p>R57 utilized Oxycodone (a narcotic pain medication), positioning, and therapy as she recovered from a right hip fracture (fx).</p> <p>The facility conducted an additional pain assessment titled, Pain MDS 3.0 Responses assessment dated 1/22/14, indicated that R57 had verbal complaints of pain, has a right hip fx, c/o pain daily, received Tylenol 650mg daily prn, and Oxycodone 2.5ml every four fours prn. The information was requested and not provided.</p> <p>R57's care plan dated 3/31/09, included, "Meds [medications] as per MD [medical doctor] order. Monitor for side effects and efficacy." The careplan also noted, "Resident's needs will be met while at HCC [health care center]. Staff anticipate needs when resident is not expressing them." In addition, the care plan indicated staff were supposed to remove R57 from excessive stimulation and try to calm her down with 1:1's, or were to bring R57 to her room to watch television to reduce grabbing food from peers. An addition to the care plan on 1/20/14, noted, "Potential for alteration in COMFORT related to hip fracture Jan 2014. The resident will verbalize she is comfortable through the review date. Monitor and record any indications of non-verbal pain: Changes in breathing (noisy, deep/shallow, labored, fast/slow) Vocalizations (grunting, moans, yelling out, silence); Mood/behavior (changes, more Irritable, restless, aggressive, squirmy, constant motion); Eyes (wide open/narrow slits/shut, glazed, tearing, no focus); Face (sad, crying, worried, scared, clenched teeth, grimacing) Body (tense, rigid, rocking, curled up, thrashing)." The care plan for comfort also included, "Notify physician if interventions are unsuccessful or if current complaint is a</p>	F 309			

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F 309	<p>Continued From page 99</p> <p>significant change from residents past experience of pain." The care plan lacked any evidence of any non-pharmacological pain interventions being put into place for R57. In addition, the care plan for behaviors dated 3/31/09, indicated staff were to reorient R57 for her behaviors of hollering and kicking at desk. However, the plan of care did not address any interventions of kicking out and wringing of hands as an indicator of potential pain.</p> <p>The facility conducted an additional pain assessment titled, Pain MDS 3.0 Responses assessment dated 4/11/14, indicated no pain for R57 with no signs of pain observed or documented by staff. Under Pain Management on the pain assessment it indicated R57 received non-medication intervention for pain. Under Interventions and effectiveness: "restorative program set up after R57 completed therapy following hip fracture" and under Comments read: "denies pain." The Pain Assessment lacked a consistent pain scale identification system to rate R57's pain. The information was requested and not provided.</p> <p>A 4/14/14 MDS, depicted R57 as not receiving any scheduled pain medication but utilized PRN medication to control the pain. Also, the 4/14/14, MDS indicated R57 received non-pharmacological pain interventions.</p> <p>The facility conducted an additional pain assessment titled, Pain MDS 3.0 Responses assessment dated 4/15/14, indicated "pain almost constantly, can hardly sleep at night, has limited day to day activities, verbal descriptor scale of pain moderate, vocal complaints of pain, resident has order for Tylenol (used for mild to moderate</p>	F 309		

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F 309	<p>Continued From page 100</p> <p>pain) PRN, Oxycodone (used for moderate to severe pain) PRN" and indicated under Comments: "Resident has right hip fx [fracture], and c/o pain daily." The Pain MDS assessment lacked the pain intensity number on a scale from 00 through 10. The pain assessment lacked evidence of any non-pharmalogical pain interventions being assessed for R57 and lacked evidence of rating the intensity of R57's daily pain. The Pain Assessment lacked a consistent pain scale identification system to rate R57's pain. The information was requested and not provided.</p> <p>On 4/18/14, at 9:39 a.m. R57 was seen by nurse practitioner (NP) and the NP's Progress Note stated, "Interview with the patient today reveals that she continues to have occasional right hip pain that seems to come and go throughout the day. She notices it primarily when she is attempting to use her legs to move her w/c. She has been having pain in the right hip since she initially fractured her right hip several months ago." NP's 4/18/14, progress note also read, under Assessment and Plan read "History of right femoral neck fracture, status post Hemiarthroplasty in January 2014. The patient continues to experience pain in the right hip on and off. She did have a fall on March 2nd. We will continue with p.r.n. Oxycodone for pain control." No further documentation was found in the medical record involving any communication between nursing staff to NP regarding R57 having moderate pain almost constantly in April 2014.</p> <p>On 4/25/14, at 9:00 a.m. at R57's office visit for Medication Management R57 stated to physician she had been not sleeping well as a result of the right hip pain.</p>	F 309			

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F 309	Continued From page 101 The Progress Notes were reviewed from 4/25/14, forward and the following was noted: - On 4/25/14, at 8:20 p.m. "Right lower extremity is slightly swollen from hip to mid-thigh." - On 5/31/14, read, "Resident complained of pain in right hip, she was yelling she was in pain and grabbing at her right hip. Nurse gave PRN Tylenol. When asked [R57] stated that she was no longer in pain." - On 6/11/14, at 2:42 read "Resident c/o [complain] leg pain this shift. PRN Oxycodone 2.5ml [milliliter] x 1 @ 1:10 p.m., resident is in bed resting at this time." - On 6/12/14, at 15:02 read, "Resident c/o leg pain this shift, prn at 8:30 a.m. seems to be doing well." Physician Orders dated 6/5/14, included Tylenol 2 tablets (tabs) 650 milligrams (mg) po (oral) as needed for pain ordered 1/7/14, and oxycodone hydrochloride (HCL) 2.5 mg po every four hours as needed for moderate pain ordered 1/20/14. On 6/13/14, Restorative Program documentation sheets read under Comments: "Resident [R57] was in too much pain in legs 6/13/14." The medical record lacked documentation if that was reported to the nurse. The Medication Administration records (MARs) were reviewed from April 2014 forward and the following was noted: - April 2014 MAR noted PRN Tylenol was given to R57 on 4/4/14, and 4/14/14, and PRN Oxycodone given on 4/4/14, 4/14/14, 4/24/14, 4/27/14, and 4/30/14. - May 2014 MAR notes PRN Tylenol given to R57 on 5/2/14, 5/21/14, and 5/31/14, noting 5/31/14,	F 309			

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F 309	<p>Continued From page 102</p> <p>PRN Tylenol given for leg pain and noted 'effective' for Result on back of MAR. Also 5/2/14, and 5/21/14, administration of PRN Tylenol was not followed up for effectiveness of pain medication neither on back of MAR nor in a progress note for R57.</p> <p>- June 2014 showed PRN Tylenol was given one time on 6/3/14, PRN Oxycodone given once on 6/8/14, 6/11/14, and 6/12/14. Documentation showed PRN Oxycodone given on 6/11/14, and 6/12/14, for leg pain as 'Helpful' under Result (follow up for pain medication effectiveness) by LPN-B. On 6/3/14 and 6/8/14, the administration of PRN Tylenol showed no follow-up for pain medication effectiveness on back of MARs. It also could not be determined if the Tylenol or the oxycodone was effective in managing R57's pain as the PRN medication was not being documented as effective or not. The MARs lacked evidence of using a consistent rating system to monitor the intensity of R57's pain to determine what was "moderate" pain to determine when R57 needed the PRN Tylenol or the PRN Oxycodone to manage the pain. Both PRN medications lacked parameters as to when they were to be given for pain. The MARs lacked evidence of re-assessing R57's pain at least every shift according to the facility's Pain Clinical Protocol revised 10/10.</p> <p>On 6/10/14, at 11:10 a.m. LPN-F stated that R57 always had pain because R57 was always moving and kicking her feet.</p> <p>On 6/11/14, at 7:59 a.m. LPN-B stated that staff tried to redirect R57 as she hurt her hip, and that if R57 kept kicking her legs R57 would sometimes complain of leg pain.</p> <p>- At 10:18 a.m. trained medication assistant</p>	F 309		

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F 309	<p>Continued From page 103</p> <p>(TMA)-A stated that R57 had no routine pain medications, and that R57 will scream and say her legs hurt. TMA-A stated R57's legs hurt from R57's constantly kicking out. TMA-A also stated that she would give R57 a PRN Tylenol if R57 asks for it. TMA-A verified R57 had been given PRN Tylenol in June only on 6/3/14 and 6/8/14, with no follow-up for effectiveness of pain medication noted on the back of the MAR. The TMA also verified the medical record lacked evidence of documentation for follow up for pain that was noted in progress notes 6/3/14, or 6/8/14.</p> <p>- At 1:30 p.m. NA-B stated that she knew when R57 had pain by R57's crying out or by R57 asking for pain medication.</p> <p>- At 1:41 p.m. LPN-B stated R57 had a hip fracture a couple of months ago, and that R57 used to smoke. "[R57] continues to try to get into the smoke room and [R57] kicks at the smoke door to get in." She stated that staff tried to redirect R57 when R57 did that. LPN-B stated that you would know if a resident was in pain by their facial expression. LPN-B also stated that R57 would sometimes tell you if she was in pain. R57 would not ask for pain medication but R57 would tell nurse if she was in pain if nurse asked R57.</p> <p>- At 1:55 p.m. LPN-B stated R57 did not complain of pain until she started kicking the door and under the table. LPN-B also stated staff tried to redirect R57 when she kicked her feet by telling her to stop, reposition her, turn R57 away from table, or watch television.</p> <p>On 6/12/14, at 9:32 a.m. NA-I, stated R57 was on the restorative program and R57 did range of motion (ROM) legs and arms while in the w/c. NA-I stated R57 sometimes complained her legs</p>	F 309		

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F 309	<p>Continued From page 104</p> <p>hurt. NA-I stated R57 had pain because R57 kicked the smoking room door and every day R57 kicked the smoking door when other residents go in to smoke three times a day. NA-I stated, "You tell R57 to stop kicking, but R57 is determined to get in the smoke room and won't stop when you tell her to stop kicking." NA-I stated she redirects R57 but R57 kept coming right back and kept kicking the door until R57 finally gets tired. NA-I stated R57 would moan and groan if she was in pain and NA-I would ask her and R57 would state "my legs hurt."</p> <p>- At 10:37 a.m. LPN-B stated nursing did not monitor R57's pain and staff would know if R57 had pain if R57 kicked the door or screamed out.</p> <p>- At 3:17 p.m. registered nurse (RN)-B stated R57 reported her hip hurting when she had pain. RN-B stated she gave R57 a PRN Oxycodone today at 8:30 a.m. for pain and said it was "helpful." RN-B stated R57 would start to rub her hip and state "my leg hurts" and then RN-B would give R57 Tylenol (pain medication) and reposition R57. RN-B stated RN-B was able to redirect R57 and get R57 calm if she had time to spend with her, sit down with her, distract her, reposition her, and give R57 Tylenol if needed.</p> <p>Interview with IDON on 6/11/14, at 2:04 p.m. IDON stated that she expects staff to follow resident's care plan. The IDON stated "I think so" when asked if staff had been provided any pain management training and was unsure about when the training had been.</p> <p>On 6/12/14, at 2:18 p.m. the NP was interviewed and stated "did not remember if she was called mid April 2014 regarding R57 having constant moderate pain." NP stated, "She [R57] should be on something for it [the pain], next time I visit her</p>	F 309		

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F 309	<p>Continued From page 105</p> <p>[R57] I will review her pain." R57 remained at harm as the facility did not comprehensively re-assess, implement the care plan for monitoring efficacy of the medications or re-evaluate R57's pain she was experiencing in her hip, legs and feet.</p> <p>R47 R47 did not receive scheduled pain medication in a timely manner when in "unbearable pain". In addition, R47 did not receive requested PRN (as needed) pain medication when in "unbearable" pain "9" out of ten on the pain scale.</p> <p>The MDS dated 4/28/14, indicated R47 scored a 15 on the BIMS which indicated intact cognition. The Admission Record dated 6/13/14, included diagnoses of other chronic pain, and hidradenitis (a skin disease characterized by clusters of chronic abscesses, epidermoid cysts, sebaceous cysts, pilonidal cyst).</p> <p>R47 was observed on 6/13/14, at 9:09 a.m. sitting in his w/c at the medication cart in the dining room requesting his medications from TMA-A. The TMA-A stated to R47, "I can't. I have too many residents to do." R47 replied, "I've been waiting for pain med [medication] before I went out smoking at 8:30 a.m." R47 turned the w/c around and started wheeling himself down the hall.</p> <p>- At 9:11 a.m. R47 stated to surveyor, "She [TMA-A] said she would have it [pain medication] before when I asked her [TMA-A] this morning. R47 answered he had not been asked by TMA-A where or how much his pain was or offered any non-pharmalogical interventions. When R47 was asked about the rating of the pain from surveyor,</p>	F 309			

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F 309	Continued From page 106 R47 stated his pain was a "9" out of possible 10 sitting on his butt, that the pain was "unbearable", and that he was going to his room to lie down and get off his butt. - At 9:13 a.m. TMA-A was observed and overheard telling a female resident who had asked for a pain medication she could not give resident pain medication at the time because she was too busy doing other residents' medications. TMA-A did not ask the female resident either where and how much pain the she was having. - At 9:20 a.m. R47 was observed in his room lying in his bed on his left side. R47 stated he had not yet received any pain medication. R47 also stated that he had put his call light on right when he came to his room and a NA came in and said she would tell the TMA about R47's pain. R47 also stated "I have been waiting for my pain medication since 8:30 a.m." - At 9:30 a.m. R47 stated he had just gotten his prn pain medication (later to be found R47 had not been given the prn pain medication he had asked for) five minutes ago and that there was no effect yet from the pain medication given to him. - At 10:15 a.m. R47 was observed in his room in his bed lying on his right side, watching television. When asked R47 stated "pain is still '8' was '9', they say there was nothing else they can do." - At 10:38 a.m. R47 was observed in his room in his bed lying on his right side. R47 stated he was lying down on his bed on his right side because his "bottom hurts." R47 reiterated he had told TMA-A at 8:30 a.m. morning that he needed his 8 a.m. scheduled pain medication and a prn pain medication because his pain was so great. R47 stated TMA-A said to him she would get his medications ready for him. When asked R47 also stated TMA-A at the time of his request for pain medication at 8:30 a.m. had not asked him where	F 309			

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F 309	<p>Continued From page 107</p> <p>and how much the pain he was having but had stated to R47 she was unable to give R47 his pain medications because TMA-A was busy working on other residents medications. R47 stated "everything hurts, my testicles, my butt, and my open wound on butt." R47 also stated he had had surgery on his bottom, he felt angry, about the pain, about what he was doing here, about "everything." R47 also stated the "doctor tells me I have a terrible illness, don't tell me how long I will have it, hydrocephus [sic], they don't want to give me anything for pain, because they say I will drink." R47 also stated his pain at "9" is "pretty bad pain, unbearable" and hurts my whole body. R47 also stated, "I let staff know about pain, it takes them so long to do anything, they [TMA/nurse] always say they are doing somebody else."</p> <p>- At 10:46 a.m. R47 was observed in his room lying on his side in his bed. Surveyor heard and saw R47 groan "Owwwww" and facial grimace, R47 with guarding move slowly to sit up. When asked, R47 rated his pain "8".</p> <p>- At 11:41 a.m. R47 was observed in his room lying on his bed and when asked, R47 rated his pain a "6". R47 stated he only can get a PRN pain medication for pain every six hours and he was going to ask for another prn pain medication when he can get one. R47 stated to surveyor he would want more pain relief if he could get it.</p> <p>- At 12:43 p.m. R47 was lying in his bed in his room, when asked rated his pain a "5" and stated that his "testicles and bottem always hurt". R47 also stated "I asked the TMA [TMA-A] this morning for one Tramadol (pain medication) and two Tylenol." When asked by surveyor what medication he had received this morning from the TMA-A, R47 stated "I believe she [TMA-A] gave me what I asked for" Tramadol and Tylenol.</p>	F 309			

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F 309	<p>Continued From page 108</p> <p>- At 12:45 p.m. when asked TMA-A stated she had not identified to R47 what medications she had given to R47 when she gave R47 his morning medications. TMA-A also stated R47's morning medications were due at 8:00 a.m. and "I think I gave him [R47] his meds [medications] about 8:45 a.m." TMA-A stated to surveyor it was her first day she had worked on Station 1 in the month of June. TMA-A stated she had been working on Stations 3 and 4, and also stated it took her longer to pass medications on Station 1 as she was not familiar with residents' medications.</p> <p>- At 12:47 p.m. when asked TMA-A stated she thought R47 had not asked earlier for PRN Tylenol, that R47 had asked for PRN Tramadol and she (TMA-A) had told R47 "no", because R47 had a scheduled Tramadol.</p> <p>- At 12:55 p.m. TMA-A was informed R47 had told surveyor R47 believed he had been given PRN Tylenol earlier by TMA-A, and TMA-A replied, "I will give him [R47] 2 p.m. Tramadol." When surveyor repeated to TMA-A R47 thinks you already gave him PRN Tylenol this morning TMA-A answered "I can't leave the dining room now until another staff comes," as we always have to have one staff in the dining room.</p> <p>- At 1:05 p.m. TMA-A with surveyor intervention went to R47's room where R47 was lying in bed on his side. TMA-A stated to R47 "I just gave you Tramadol this morning, not Tylenol, you said Tramadol, not Tylenol." R47 replied to TMA-A, "I told you Tylenol at 8:30 a.m." TMA-A argued to R47 "You said Tramadol" and R47 told TMA-A again he had not requested PRN Tramadol but had asked TMA-A earlier for PRN Tylenol and stated like he did every morning. TMA-A again argued with R47 he had not asked for prn Tylenol. Surveyor then asked TMA-A to look at the June</p>	F 309			

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F 309	<p>Continued From page 109</p> <p>MAR for PRN Tylenol administration. After looking at the June MAR and seeing R47 had been getting prn Tylenol in the mornings TMA-A stated to R47, "I will have to check with the nurse" and started walking down the hall. TMA-A did not ask R47 where his pain was, did not ask R47 to rate his pain he was having, nor did she offer any other pain alternative to R47. TMA-A went down the hall to the nurse's station where LPN-H was sitting and asked LPN-H if R47 could have a PRN Tylenol. Without any discussion about where or how much pain R47 was having or when R47 had last had a PRN Tylenol for pain, LPN-H answered, "Yes R47 can have a prn Tylenol."</p> <p>- At 1:07 p.m. with surveyor intervention TMA-A gave R47 the prn Tylenol that he had requested at 8:30 a.m. No questions were asked by TMA-A at this time to R47 about where or how much pain R47 was having nor were any alternatives for pain offered.</p> <p>- At 2:12 p.m. on 6/13/14, R47 rated his pain on his bottem and testicles a "5" and stated his bottem and testicles "always hurt, they don't give me strong enough stuff." R47 stated he did not feel he was getting the help he needed for his pain, "I know I'm not." R47 stated the morphine gel he gets to his bottem does not help much. R47 also stated he had lidocaine before for his bottem and it had helped some. R47 stated he he had told them this but they do not listen to him about it, and stated "staff don't care, and they don't help."</p> <p>MDS Quarterly dated 11/4/13, reported R47 on a scheduled pain medication regime, received PRN pain medications, reports R47's pain as almost constantly having pain, pain has made it hard for R47 to sleep at night, and R47 rates pain a "9" on the numeric pain rating scale.</p>	F 309		

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F 309	<p>Continued From page 110</p> <p>MDS Quarterly dated 2/13/14, reported R47 received PRN pain medications, frequently has pain, pain has made it hard for R47 to sleep at night, pain has limited R47's day to day activities, and rates R47's pain moderate on the verbal descriptor scale.</p> <p>MDS Annual Assessment dated 4/28/14, reported R47 on scheduled pain medication regime, did not receive PRN pain medication, received non-medication intervention for pain, reported R47 having pain almost constantly rating pain an "8" on a pain scale one to ten.</p> <p>Pain Assessment dated 11/18/13, signed by LPN-I reports Vocal complaints of pain, and Received scheduled pain medication regimen.</p> <p>Pain Assessment dated 2/4/14, signed by LPN-D reported "Vocal complaints of pain, rates pain intensity 8 on Numeric Rating Scale (00-10), received scheduled pain medication regimen, Neurontin [used to treat seizures and nerve pain], Baclofen [acts on the spinal cord nerves and decreases the number and severity of muscle spasms], Percocet [an analgesic used for moderate to severe pain], Flexeril [a muscle relaxant used to treat skeletal muscle conditions such as pain or injury], and received PRN pain medications."</p> <p>The CAA dated 4/28/14, reported, "Resident has chronic pain. He receives scheduled meds for pain relief i.e. topical morphine gel [used for moderate to severe pain], Neurontin and Cymbalta [used to treat major depressive disorder, general anxiety disorder and fibromyalgia], he also has Flexeril and Tylenol ordered as needed. Our goal will remain that resident will report that his pain is at a tolerable</p>	F 309			

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F 309	<p>Continued From page 111</p> <p>level with his current regime. Staff will continue to administer his meds as per order, encourage decreased activity when pain is worse, monitor effectiveness of meds and update to MD if not effective at controlling pain."</p> <p>The Pain Assessment dated 4/30/14, signed by LPN-I reported "Vocal complaints of pain, received scheduled pain medication regimen, treatment Morphine gel [an amorphous hydrogel which gently re-hydrates necrotic tissue, facillitating autolytic debridement] to sacral, peri wound [the tissue surrounding the wound itself] bid [twice a day], and Treatment to wound."</p> <p>Current Careplan dated 8/25/09, reads: Potential for alteration in COMFORT. Resident has chronic pain in addition to acute pain from extensive rectal surgery and resident will report pain is at a tolerable level while at HCC. Meds as per order. (topicals prior to drsg changes) encourage decreased activity when pain is worse. Monitor effectiveness and update to MD if not effective at controlling pain.</p> <p>Current Careplan dated 5/31/12, reads: Potential for alteration in COMMUNICATION related to resident speaks, using a soft voice but is usually understood and able to understand what others say to him in a normal volume. Careplan reads that resident's needs will be met while he is at the HCC and staff are to listen carefully to what resident is saying and ask him to reiterate what he has said if he is not understood.</p> <p>Physician Orders for April 2014 unsigned by physician, signed and dated by RN-E on 3/25/14. The orders included: - Acetaminophen 500 milligrams (mg) caplet 2 caplets (1000 mg) by mouth (PO) every eight</p>	F 309			

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F 309	<p>Continued From page 112</p> <p>hours as needed for pain ordered 8/27/13, - Flexeril 1 tablet (tab) PO every eight hours as needed for pain only related to muscle spasms ordered 8/27/13, - Neurontin 300 mg 1 capsule (cap) PO every noon ordered 3/11/14, - Neurontin 300 mg cap PO every morning ordered 3/11/14, - Neurontin 300 mg 2 caps (600mg) PO every evening ordered 3/11/14, - Baclofen 10 mg tablet 1 and 1/2 tabs (15mg) PO four times daily (8am, 12pm, 4pm, and 8pm) ordered 8/27/13, - Morphine 0.1% Intrasite Gel --Apply to open wounds every eight hours as needed for pain ordered 3/6/14.</p> <p>The April 2014 MAR showed R47 received PRN Tylenol two times in April on 4/10/14, and 4/27/14, with no follow up for pain effectiveness on back of April MAR. May 2014 MAR showed R47 received no PRN Tylenol for pain for the month of May. The May 2014 MAR showed R47 received PRN Tramadol (used for moderate to severe pain) for pain one time on 5/31/14, with no follow up for pain effectiveness noted on back of May MAR. Tramadol PRN for pain was started on 5/30/14. The June 2014 MAR showed R47 received PRN Tylenol for pain on 6/5/14, 6/6/14, 6/9/14, 6/10/14, and 6/11/14. Documentation on back of MAR showed follow up for pain effectiveness under Result for Tylenol given on 6/6/14, and 6/10/14, only. The June 2014 MAR showed R47 received PRN Tramadol for pain on 6/4/14, with no follow up for pain effectiveness on back of MAR.</p> <p>Progress Notes were reviewed from 6/1/14, going forward: - 6/1/14, at 2:08 p.m. "Res [resident] allowed tx</p>	F 309		

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F 309	<p>Continued From page 113</p> <p>[treatment] done to gluteal fold & groin area, had pinkish drainage to soiled drsg. Had ultram [used for moderate to severs pain] 50 mg po b/4 [before] tx done. Will request ultram 50 mg po at 6 a.m. & 12 noon to be able to do tx after lunch which is ok with him."</p> <p>- 6/2/14, 10:50 a.m. "Res was approached in his room for treatment to his several wounds, he requested pain medication before treatment, PRN tylenol 1g was given at 9:45 a.m. per orders and told the treatment will be done after an hour. Writer went back to do treatment at 11 a.m., res refused saying he was still in pain. Res had taken tramadol 50mg at 7:30 a.m."</p> <p>- 6/3/14, at 10:10 a.m. read "Tx done & and had very foul odor & had paper towels on groin open areas & writer stated 'please do not refuse tx?' res stated 'I'm going to keep refusing if I don't get anything stronger for pain!' writer stated 'I assumed you were ok with ultram?' res stated 'it does not help me!' res does grimace in pain when doing his tx to buttocks & groin area."</p> <p>- 6/5/14, at 10:49 a.m. read "res stated 'if they don't give me something for pain I'm going back to drinking & smoke marijuana then!' writer stated 'you are only hurting yourself & doesn't the morphine sulfate help you?' res yelled 'it doesn't do s--t!' Res also throws his tapes, soiled cups, clothes on the floor."</p> <p>- 6/10/14, at 2:30 p.m. read "resident stated don't think treatment is helping."</p> <p>- 6/12/14, at 10:43 a.m. read "Res c/o pain when asking to turn self-stating 'I have a hard time moving due to the pain.'"</p> <p>NP progress noted dated 6/4/14, stated Resident was seen today for the first time by this provider [NP] after a re-admission on 5/30/14. The patient was transferred from HCMC [Hennepin County</p>	F 309			

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F 309	<p>Continued From page 114</p> <p>Medical Center] where he was hospitalized from May 15th through May 30th after assaulting another patient at the nursing home. Nursing staff reports that the patient has been complaining of pain in his buttocks where his hydradenitis suppurativa is. Interview with the patient today reveals that he has been having pain in the buttocks where he receives wound treatment every day for more than a year. He reports the pain is continuous in nature. He does not believe the Tramadol is necessarily very helpful and he is asking for Oxycodone or Tylenol 3 today. He believes the wounds in his groin and buttocks have been draining slightly. He reports he has trouble sleeping at night, this has been going on for a long time ' Skin: There is a fissure like ulcer noted in the sacral region. There is a small amount of serosanguineous drainage noted to be coming from the area. There are also fissure like open areas in the bilateral groins with a small amount of serosanguineous drainage noted to be coming from these areas as well.</p> <p>Assessment and Plan: 2. Hydradenitis suppurativa with chronic sacral ulcer, groin ulcers, and colostomy. Will continue with current treatment and use morphine gel for pain management as well as tramadol which we have now scheduled. Will continue also with p.r.n. Tylenol for breakthrough pain. He (R47) also has been running a low-grade temp. We will check CBC[complete blood count]. 5. Osteoarthritis with chronic pain. As above, we will continue with current regimen of scheduled Tramadol and p.r.n. Tylenol."</p> <p>During interview with IDON on 6/12/14, at 1:51 p.m. IDON stated (while IDON looking at progress notes in computer for R47), R47 has had ongoing issues, on 4/26/14, there was a call</p>	F 309			

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F 309	<p>Continued From page 115</p> <p>to physician and R47 was sent to Hennepin County Medical Center Emergency Room for complained of pain in rectum, chills, urinary retention, and stool coming out of rectum despite colostomy. IDON also stated that R47 had not received any pain medication for two weeks before going to the hospital for pain. The IDON stated the nurses on the stations do the pain assessments, with medication change, and also with c/o pain by resident, and the quarterly pain assessment was done with the quarterly MDS.</p> <p>When asked on 6/12/14, at 1:51 p.m. IDON stated she had heard in report R47 had told staff if he did not get help for his pain would drink alcohol and/or marijuana. When asked IDON stated she did not know where R47 would get alcohol or drugs. IDON also stated she had only been Interim DON for the last couple of weeks.</p> <p>When interviewed on 6/13/14, at 9:14 a.m. IDON stated she expected nurses and TMAs to administer medications in a timely manner per policy. IDON stated she expected TMAs and nurses to ask the resident where the pain is and the resident's rating of pain when a resident asks for a prn pain medication per policy. IDON also stated she would expect a resident to wait no more than five to 10 minutes for a prn pain medication for a resident's pain rating of a "9."</p> <p>On 6/13/14, at 10:13 a.m. when asked TMA-A stated when residents ask her for pain medications, "I ask them [residents] if it prn or scheduled. If prn I have to check with the nurse, I tell them [the residents] I am in the middle of meds [medications], and I will get to you [the resident] later."</p>	F 309			

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F 309	<p>Continued From page 116</p> <p>On 6/11/14, at 2:04 p.m. IDON stated that she expects staff to follow resident's care plan. The IDON stated "I think so" when asked if staff had been provided any pain management training and was unsure about when the training had been.</p> <p>On the revised April 2010 Administering Medications policy it states: Medications shall be administered in a safe and timely manner, and as prescribed.</p> <p>3. Medications must be administered in accordance with the orders, including any required time frame.</p> <p>9. Medications must be administered within one (1) of their prescribed time.</p> <p>--As required or indicated for a medication, the individual administering the medication will record in the resident's medical record: 16a. The date and time the medication was administered; 16b. The dosage 16c. The route of administration; 16e. Any complaints or symptoms for which the drug was administered; 16f. Any results achieved and when those results were observed; and 16g. The signature and title of the person administering the drug.</p> <p>The Pain--Clinical Protocol Revised October 2010 states under Assessment and Recognition: --1. The physician and staff will identify individuals who have pain or who are at risk for having pain. --2. The nursing staff will assess each individual for pain upon admission to the facility, at the</p>	F 309		

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F 309	<p>Continued From page 117</p> <p>quarterly review, whenever there is a significant change in condition, and when there is onset of new pain or worsening of existing pain.</p> <p>--3. The staff and physician will identify the nature (characteristics such as location, intensity, frequency, pattern, etc.) and severity of pain.</p> <p>3a. Staff will assess pain using a consistent approach and a standardized pain assessment instrument appropriate to the resident's cognitive level.</p> <p>3b. The staff will observe the resident (during rest and movement) for evidence of pain; for example, grimacing while being repositioned or having a wound dressing changed.</p> <p>--4. The nursing staff will identify any situations or interventions where an increase in the resident's pain may be anticipated; for example, wound care, ambulation, or repositioning.</p> <p>--5. The staff and physician will also evaluate how pain is affecting mood, activities of daily living, sleep, and the resident's quality of life, including complications such as gait disturbances, social isolation, and falls.</p> <p>The Pain--Clinical Protocol Revised October 2010 states under Monitoring:</p> <p>--1. The staff will reassess the individual's pain and related consequences at regular intervals; at least each shift for acute pain or significant changes in levels of chronic pain and at least weekly in stable chronic pain.</p> <p>1a. For example, review frequency and intensity of pain, ability to perform activities of daily living (ADL's), sleep pattern, mood, behavior, and participation in activities.</p> <p>R71 was reviewed for non-pressure skin condition and the facility failed to identify and monitor bruise of unknown origin.</p>	F 309			

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F 309	<p>Continued From page 118</p> <p>The following were noted during observations: -On 6/10/14, at 10:48 a.m. R71's right hand was observed to be bruised while talking to surveyor. When asked about it, R71 stated, " its old age, it has been there for a while." -On 6/11/14, at 7:36 a.m. R71 was observed to walk out from room to the hallway aided by walker. Bruise on R71's right hand remained visible as R71 walked along the hallway. R71 proceeded to the 2nd floor dining room, sat down in a chair, placed right hand on table. The bruise on R71's right hand could be seen while R71 was talking to nursing assistant (NA)-E. -On 6/11/14, at 8:54 a.m. R71 stood up, left the dining room and proceeded to bedroom, with the bruise on right hand easily observable as R71 used hands to hold walker. At 9:05 a.m., R71 walked back to the dining room, coat was off and placed on walker. R71's bruised right hand was obviously visible without the coat on. -On 6/11/14, at 12:46 p.m. R71 was at the dining room eating, mainly using right hand where bruise was easily observed.</p> <p>R71's electronic admission record dated 12/10/13, indicated R71 had diagnoses to include cardiac dysrhythmias, hypertension, congestive heart failure (CHF), dual chamber defibrillator placement, easily inducible tachycardia, and diabetes mellitus type II, and lack of coordination. These diagnoses could put R71 at risk for circulatory and skin problems.</p> <p>R71's admission care plan dated 12/10/13, identified R71 to have potential for communication problems and was not always aware of needs. The care plan directed staff to assist and anticipate R71's needs. The admission</p>	F 309			

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F 309	<p>Continued From page 119</p> <p>care plan also identified R71 as a smoker, which could potentially compromise circulation and cause bruising or skin problems. There was no care plan for potential for skin problems.</p> <p>On 6/12/14, at 8:00 a.m. a skin/wound note in the Progress Notes entered on 6/11/14, at 9:42 p.m. identified R71's top of right hand had "discolor." There were no details about the cause, monitoring and/or treatment plan for R71's right hand bruise.</p> <p>On 6/11/14, at 2:30 p.m. NA-G verified presence of bruise on R71's right hand. NA-G stated he was not aware of the bruise and would have told the nurse if he was. At 2:33 p.m. surveyor heard NA-G report about the bruise to LPN-C.</p> <p>On 6/11/14, at 2:51 p.m. LPN-C stated R71 had bruises "on and off" as he would bump into things and be bruised easily. LPN-C stated skin assessments were done on bath days and if skin issues were observed, they would be monitored and documented in the nurses' progress notes. LPN-C verified R71 was scheduled on Wednesdays and Sundays for bath days and NAs will initial in the bath list sheets if completed. LPN-C further verified the 6/4/14 (Wednesday) and 6/8/14 (Sunday) bath schedules for R71 were not signed or initialed to have been completed. LPN-C was not sure if baths during those days were completed or not. When surveyor reviewed the nurses' progress notes, there were no entries for any skin assessment or about the presence of bruise on R71's right hand on the past weeks supposed bath days (6/4/14 and 6/8/14). There was no other nurses' progress note about skin assessment as of review date and time on 6/11/14, at 3:00 p.m.</p>	F 309			

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F 309	Continued From page 120 On 6/12/14, at 8:22 a.m. the IDON stated she expected thorough skin assessments done every bath day by nurses and entered in the nurses' notes. On 6/13/14, at 12:30 p.m. LPN-D stated she updated R71's skin/wound note and entered R71's right hand bruise measurements as six centimeters by seven centimeters (6 cms X 7 cms). The facility staff were unable to provide when requested for the facility's policy regarding non-pressure related skin assessment and monitoring.	F 309			
F 311 SS=D	483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to provide assistance with grooming for 1 of 3 residents (R71) reviewed for ADLs. Findings include: R71's electronic admission record indicated R71 had diagnoses including cardiac dysrhythmias, diabetes mellitus type II, hypertension, congestive heart failure (CHF), dual chamber defibrillator placement, and easily inducible tachycardia.	F 311	R71 was immediately showered, shaved And nail care provided by staff. His coat and clothing were laundered. R71 had his ADL needs re-assessed and the care plan updated to reflect his current status. Residents who require assistance with ADL's have been identified as being effected by the same alleged deficient practice Staff have been re-educated on the importance of following the care plan regarding assistance with ADL's. Audits to monitor residents ADL completion will be done weekly x 4 weeks, then monthly		

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F 311	<p>Continued From page 121</p> <p>R71's admission care plan dated 12/10/13, indicated R71 had potential for activities of daily living (ADLs) self-care performance deficit. The care plan directed staff to provide supervision, prompts and cues in most of R71's ADLs to include bathing/showering and personal hygiene. However, the care plan indicated shaving was to be totally done by staff. The care plan also identified R71 with potential for communication problems and was not always aware of needs. The care plan directed staff to assist and anticipate R71's needs.</p> <p>The Vulnerability Assessment & Abuse Prevention Plan form dated 3/6/14, indicated R71 had dependence on staff for ADLs, specified to include dressing, ambulation, and skilled nursing services for diabetic care (nail care).</p> <p>The quarterly Minimum Data Set (MDS) dated 5/14, identified R71 needed staff supervision and set up for dressing; and R71 needed extensive assist for personal hygiene and one person physical assist in part of bathing activity.</p> <p>The facility's Nursing Assistant (NA) assignment sheet dated 6/9/14, identified R71 can groom self but with reminders.</p> <p>The following were noted during the observations: - On 6/10/14 and 6/11/14, R71 wore the same dirty shirt and coat for the whole two days; front of shirt was very dirty from what looked like traces of dried liquids; and sleeves and front of gray colored coat turned blackish with dirt; R71 had long (1/4 inch) and dirty fingernails. Black colored debris observed underneath fingernails. R71's face was unshaven, had approximately 1/4 inch</p>	F 311	<p>x 2 weeks.</p> <p>Audit results will be reviewed by the QA Committee to determine ongoing audit schedules and interventions.</p> <p>The Director of Nursing is responsible for maintaining compliance.</p>	7/23/14	

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F 311	<p>Continued From page 122 stubbles;</p> <p>- On 6/12/14, at 7:45 a.m. R71 wore a different T-shirt but the T-shirt was still observed to be dirty, dirt observed on the shirt looked like dried spill from liquids; R71 also had the same very dirty coat worn from previous days; and R71's face remained unshaven.</p> <p>On 6/11/14, at 2:24 p.m. NA-G, stated he took care of R71 during the morning shifts on 6/9/14 to 6/11/14. NA-G stated R71 needed reminders for grooming and set up for bathing. NA-G verified R71's fingernails were long and dirty, and stated R71 was diabetic so nurses were responsible to clip R71's fingernails.</p> <p>On 6/11/14, 2:30 p.m. licensed practical nurse (LPN)-C verified R71's fingernails needed to be clipped and stated nurse to clip R71's fingernails because R71 was diabetic. LPN-C added the 3 p.m. to 11 p.m. shift nurse that afternoon would clip R71's fingernails because it was R71's bath schedule.</p> <p>On 6/12/14, at 10:19 a.m., LPN-D verified R71's facial hairs needed to be shaved and R71's coat was dirty. When LPN-D and surveyor asked R71 about his facial hairs, R71 touched his face and stated need to be shaved. R71 stated had shower "yesterday" but was not shaved. R71 also agreed coat needed to be "thrown to the wash." R71 took dirty coat off and handed it to LPN-D to be washed.</p> <p>When requested for the facility's policy on ADL, the Consultant Registered Nurse provided copies of specific sections of the facility's ADL policy dated 10/10, as follows: care of fingernails to clean nail bed, keep nails trimmed and prevent</p>	F 311			

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F 311	Continued From page 123 infections; shaving to promote cleanliness and provide skin care; assist as needed with dressing and undressing to promote cleanliness and staff were directed to report any clothing needs and repairs to charge nurse or social services.	F 311			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure adequate supervision and interventions were developed to address safety concerns for 2 of 3 residents (R77, R105) reviewed for accidents; R77 lacked interventions to address safety concerns for falls out of the wheelchair (w/c); R105 lacked adequate supervision for potential accidents and leave of absence (LOA). Findings include: R77 fell out of the w/c while sleeping on 5/12/14, and 5/21/14, and was not provided consistent interventions to address sleeping in the w/c; R77 lacked a care plan identifying R77's fall risk. An Incident Investigation and Follow-Up Actions form dated 5/12/14, indicated R77 fell at 5:30	F 323	F323 R77 has been evaluated to meet the psychosocial needs to assist with interventions to address the resident's fears of sleeping in a bed. This was determined to be a causal factor for falls. He was offered a Broda Chair for safety/comfort and has refused this intervention. Staff continue to offer this intervention. He has had no further falls. The care plan was updated to include risk for falls. R105 had a new psycho-social assessment completed. She is being seen by the House Psychologist, is offered weekly visits by Social Services, and a referral has been made for Pool Therapy per resident request. She was provided a copy of the Alcohol and Chemical Abuse Policy and the LOA Contract. LOA orders were clarified by the resident's physician. A new Pain Assessment was completed. A care conference was held with R105.		

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F 323	<p>Continued From page 124</p> <p>a.m. in the smoking lounge. The form indicated R77 was observed sitting on floor next to the wheelchair. R77 sustained a 4 centimeter (cm) laceration to the frontal region of the scalp. The report indicated R77 "fell asleep in w/c and fell out" while in the smoking room. R77 was identified to have hit his head on the w/c and not the floor. An ice pack was applied to his head, 1:1 (one to one) monitor "at this moment" for "any changes in LOC [level of consciousness];" the report indicated neuro checks were initiated. The report further indicated, "Talk to dgt [daughter] about leaving cig [cigarettes] with staff. Talk to res about safe smoking. Offer smoking apron." - An associated nursing progress note dated 5/12/14, written at 6:25 a.m. recapitulated the fall data and identified no concerns with neuro checks. The note indicated the facility made appropriate notifications of the fall.</p> <p>An Incident Investigation and Follow-Up Actions form dated 5/21/14, indicated at 3:15 p.m. R77 was found on the floor near his w/c. R77 stated, "[I was] dreaming I was walking and woke up on the floor." The form identified R77 "dozed & off in w/c, tried to catch self on counter, lost balance & fell to buttocks." The report indicated R77 was "sleeping in w/c." The "facility has taken the following action(s)" section indicated, "Enc. [encourage] res [resident] to sleep in his bed, reassure him his needs will be met & his safety maintained." The rest of the report was blank. - An associated nursing progress note dated 5/21/14, written at 3:40 p.m. recapitulated the above incident and indicated appropriate notifications of the fall were made. - Follow up nursing progress notes dated 5/22/14, at 7:13 a.m. and 10:10 a.m. identified not injury or concern from the fall. The 10:10 a.m. note</p>	F 323	<p>Resident's requiring a LOA Contract had their contract reviewed and updated as indicated.</p> <p>Residents who have fall incidents or non-compliant with LOA have been identified as having the potential to be affected by this alleged deficient practice.</p> <p>Staff have been educated on the Policy/ Procedure for resident LOA's.</p> <p>Staff has been educated on the importance of updating resident care plans related to safety and falls. Specific discussion include the IDT fall meeting review to ensure intervention have been established and is appropriate. The importance of notifying staff of new interventions via 24hr reporting and nurse aide assignment sheets.</p> <p>The Administrator, DON and their assigned designees will monitor continued by holding IDT incident meetings to review each incident to ensure new interventions are in place to address the root cause to ensure compliance and effectiveness ongoing.</p> <p>Resident LOA status will be reviewed weekly x4 weeks then monthly to ensure compliance and effectiveness.</p>	<p><i>LOA Fall</i> <i>Plan as seen</i> <i>Falls like</i> <i>common</i></p> <p><i>W</i></p> <p><i>WASSENEAS</i></p>

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F 323	<p>Continued From page 125</p> <p>identified R77 "refuses to sleep in bed" because "he is afraid that if there was a fire or another type of natural disaster, staff wouldn't be able to get him out of the bed in time." The note indicated R77 would be "encouraged" to sleep in his bed and to reassure him his needs would be met and his safety maintained.</p> <p>Although nursing progress notes identified when, where and how R77 fell on 5/12/14, and 5/21/14, the clinical record lacked evidence of interventions to prevent future falls from the w/c, such as but not limited to resident specific strategies to encourage sleeping in his bed versus the w/c.</p> <p>On 6/9/13, at 2:48 p.m. R77 was initially observed to be sitting in his room in his wheelchair. R77 was observed to be facing the bed with his head down, arms across his chest, head turned slightly to the side and his eyes were observed to be closed. R77 did not rouse to knocking on the metal door frame or voice announcing the surveyor. R77 appeared to be sleeping. R77's bed was observed to be made with many stacked personal items and papers across the entire surface of the bed (rendering the bed unable to be slept in). R77 was observed to have his left below the knee amputation propped on an extension and his right above the knee amputation stump was hanging directly off the seat of the chair.</p> <p>- At 3:59 p.m. the surveyor reapproached R77 for interview. R77 roused to knock and voice and agreed to interview. Although R77 attempted to answer probe questions, R77 was observed to keep his head down with his chin to chest and had both hands on either side of his neck with elbows braced against the arms of the</p>	F 323	<p>Audit results will be reviewed by the QA Committee to determine ongoing audit schedules and interventions.</p> <p>The Administrator/designee is responsible to maintain compliance.</p>	7/23/14	

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F 323	<p>Continued From page 126</p> <p>wheelchair. R77 kept eyes closed and answered the initial probe questions appropriately. R77 was observed to dose off during interview, but would rouse to voice and questions. At the point of discussing the food of the facility, R77 was observe to doze off completely in the wheelchair, with his right elbow sliding off the armrest and jolting R77 awake. The interview was ended as the resident fell immediately back to sleep at approximately 4:19 p.m.</p> <p>- From 4:19 p.m. until 6:00 p.m. R77's wheelchair position was observed to remain unchanged, his eyes remained closed and his hands remained on his neck. R77's chin was to his chest.</p> <p>- At 6:29 p.m. R77 was observed to wheel himself independently into the dining area and to the counter along the back wall of the room. R77 leaned against the counter, drooped his head and closed his eyes. R77's head was observed to slowly droop until his chin touched his chest. R77 then abruptly roused and jerked his head up; his head and eyes immediately began to slowly droop down and his eyes closed when his chin reached his chest. The pattern was observed to repeat until R77 was provided his meal tray. After bring provided the meal tray, R77's eyes began to droop slowly and the rousing pattern repeated itself.</p> <p>- At approximately 7:00 p.m. R77 appeared alert and approached the surveyor to complete interview.</p> <p>At no time during observations, was R77 encouraged by staff to sleep in his bed.</p> <p>R77's admission Minimum Data Set (MDS) dated 3/10/14, identified R77 was cognitively intact, required supervision with eating, was independent with locomotion on and off the unit, did not ambulate and required extensive physical</p>	F 323			

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F 323	<p>Continued From page 127</p> <p>assistance from staff for all other activities of daily living (ADLs). R77 was identified to have verbal behaviors towards others and rejected cares daily. R77's behaviors were identified to disrupt care daily. The MDS indicated R77 had not fallen in the facility and fall history prior to admission was unable to be determined. The Care Area Assessments (CAAs) all dated 3/14/14, indicated the following: The CAA for communication identified R77 "overtalks" others and interrupts when staff attempt to educate him regarding care needs or condition. Although R77 was identified as cognitively intact on the MDS, the CAA identified "due to his cognitive status he does not always understand." The CAA for cognitive loss/dementia identified R77 had cognitive losses due to "Depressive disorder, diabetes, renal failure (receiving dialysis)" and indicated R77 had memory loss and poor judgment, frequently rejected cares and was easily agitated and verbally abusive towards others. R77's cognitive status could not be determined due to conflicting data medical record data. The combined CAA for behavior falls and psychoactive medication use identified R77's significant behaviors, psychoactive medication to be administered as ordered. Although a CAA for falls triggered, the clinical record lacked evidence the CAAs addressed R77's fall risk.</p> <p>R77's quarterly MDS dated 5/29/14, identified no cognitive changes, an increase in mood indicators and a decrease in previously identified behaviors to one to three times per week. R77 was identified to require total assistance with transfers and identified R77 had fallen two or more times in the facility.</p> <p>R77's Diagnosis Report dated 6/13/14, identified</p>	F 323		

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F 323	<p>Continued From page 128</p> <p>R77's diagnoses to include above and below the knee lower limb amputations, chronic kidney disease, type two diabetes mellitus and essential hypertension.</p> <p>R77's care plan dated 3/14/14, did not address falls or fall risk.</p> <p>On 6/13/14, at 10:47 a.m. the interim director of nursing (IDON) was asked regarding care plan of falls/fall risk, IDON accessed the computer care plan, verified the care plan did not address falls and stated it "should have."</p> <p>When asked about fall assessments, IDON stated on 5/22/14, the interdisciplinary team (IDT) met to discuss R77's falls. IDON stated the intervention to prevent falls was to "encourage to sleep in bed." IDON acknowledged R77 has refused and was afraid of being in the bed and fire due to his amputations. IDON stated, "They still ask him every night, he refuses." IDON further stated, "When there has been a fall, the group meets to discuss occurrences, changes, sickness, what was implemented and if it works, what can we put into place to keep them [residents] safe." IDON verified there was no care plan developed to keep the resident safe from falls while in the w/c and sleeping.</p> <p>R105 had been admitted on 4/7/14, with diagnosis of opioid type dependence, osteoporosis, chronic pain syndrome, nutritional deficiency and anxiety listed from the Admission Record.</p> <p>During observation and interview on 6/11/14, at 11:35 p.m. R105 was walking independently without her walker around the room without stumbling, picking up and tidying up items around her room. R105 stated she wanted to leave the</p>	F 323			

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F 323	<p>Continued From page 129</p> <p>facility and "get my own place, but I've been here five and 1/2 months and the social worker [SW] is not helping to find placement, they haven't talked with me about it and the guy assigned to help me outside isn't doing anything. My shoulder hurts and they don't give me anything, just methadone which gives me some relief, the Tylenol doesn't do anything, noone has talked to me about chemical dependency treatment, I did take valium in April and about two weeks ago, when I was out, I need the pool therapy."</p> <p>Review of R105's Medical record from 4/7/14, going forward revealed the following:</p> <ul style="list-style-type: none"> - On 4/7/14, at 4:30 p.m. the notes indicated R105 started saying that she has to leave that facility and go to the corner store to buy cigarettes. Staff offered redirection. R105 noted with anger and used phone to call somebody. - On 4/10/14, at 7:28 p.m. the notes indicated a call was placed to MD-A, per the nurse "Dr [medical doctor] doesn't think it's a good idea to let her have LOAs at this time." Order was given to schedule an appointment next week to MD-A. R105 seemed upset and wanted to leave against medical advice (AMA), but changed her mind later and stayed in the facility. - On 4/11/14, at 9:33 a.m. the notes indicated nurse from MD-A office wanted to make sure facility got the message that MD-A said no to LOA order and wanted no LOA at that time. Writer informed them that R105 is requesting a different primary physician. - On 4/11/14, at 11:07 a.m. the notes indicated R105 signed out AMA stating she had to go to her apartment and empty it. R105 stated she was going by bus, SW and IDON notified of resident leaving AMA, call placed to ECD and NP. - On 4/11/14, at 9:28 p.m. the notes indicated 	F 323			

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F 323	Continued From page 130 R105 returned from AMA with uncle, brought back items from apartment and was noted to be in good spirits. No odor of ETOH (alcohol) or other substance was observed. R105 informed of MD change and that NP would see her on Monday. - On 4/12/14, at 11:27 a.m. R105 was on LOA with uncle until 6:00 p.m. - On 4/12/14, at 5:50 p.m. R105 returned from LOA. - On 4/15/14, at 9:20 a.m. the notes indicated R105 went to the methadone clinic with the trained medication assistant (TMA) and told her "I'm going to my apartment to pick up some items and will be back later." R105 signed AMA form and NP notified. - On 4/15/14, at 3:29 p.m. the notes indicated R105 had not returned from LOA and had not called. - On 4/16/14, at 1:30 a.m. the notes indicated at 11:15 p.m. call was placed to uncle who stated R105 was at the hospital with her friend. No hospital was identified or when she's going to be back. Administrator was informed. R105 came back at 1:00 a.m. brought belongings from apartment, took her PM meds, ate and went to bed. - On 4/16/14, at 6:07 a.m. the notes indicated R105 stayed in bed for about an hour, then started pacing from her room to station four, to the patio, to the dining room. Several times she didn't know where her room was, appeared disoriented, needed help from staff to show her room to her. R105 became agitated when encouraged to stay in bed and rest. - On 4/17/14, at 3:04 p.m. the notes indicated at 11:00 p.m. R105 was found sleeping on the floor on her coat with a pillow under her head, was hard to awake, stated she didn't remember why she put herself on the floor. R105 was assisted	F 323		

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F 323	Continued From page 131 by two staff to bed, appeared confused, somewhat lethargic. R105 stayed in bed for an hour and then started pacing from her room to the patio and back where she went to bed about 2:00 a.m. - On 4/17/14, at 8:57 a.m. the notes indicated the methadone clinic (drug clinic) called concerned that R105 was taking medications not prescribed and "was told a tox [toxicology] screen & will call her when results come in." R105 told writer "I did take Valium." - On 4/21/14, at 11:17 p.m. the notes indicated R105 had a new LOA order, "OK to go on independent LOA during the day without meds and per policy LOA." R105 was informed to let the nurse know prior to leaving and also to sign out and back in when she returns. R105 stated she understood the LOA policy. - On 4/22/14, at 3:16 p.m. the notes indicated R105 returned from LOA at 3:15 p.m. - On 4/3/14, at 11:19 p.m. the notes indicated R105 returned from LOA, no abnormal behavior or mood change noted. - On 5/13/14, at 1:18 a.m. the notes indicated R105 was found standing on her knees and elbows by her bed. R105 stated she fell on her knees while trying to walk without a walker. - On 5/14/14, at 8:34 a.m. the notes indicated R105 was back from LOA. - On 5/14/14, at 10:33 p.m. the notes indicated R105 was found with both knees on the ground with both hands on the floor with her head on top of both hands. R105 stated she did not fall but "thinking of what to do with those clothes on her bed." R105 was able to stand up and writer assisted her to pick up some of the items on top of her bed so that she could lay down. - On 5/15/14, at 6:12 a.m. the notes indicated that R105 was up most of the night shift, was pacing	F 323		

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F 323	Continued From page 132 in and out of her room aimlessly, then would stop and appeared to be falling asleep standing up. - On 5/16/14, at 5:26 p.m. the notes indicated that staff spoke with the methadone clinic on 5/15/14 regarding R105's increased drowsiness and falling asleep. They stated "that the UA [urine analysis] done on 5/13/14 tested positive for benzo's [benzodiazepines, anti-anxiety] and that previously when she had gone out to smoke she butted out the smoke and put it in her pocket. It was not out and she did start her bed on fire. This information as relayed to staff. We will be scheduling an IDT [interdisciplinary team] meeting with R105, staff and case manager." - On 5/17/14, at 8:43 p.m. the notes indicated R105 returned to facility from LOA at 8:41 p.m. Denied pain and discomfort. - On 5/20/14, at 12:02 p.m. the notes indicated R105 left at 9:30 a.m. with the TMA to go to Methadone Clinic and then left to go downtown. - On 6/3/14, at 11:16 a.m. the notes indicated R105 returned from LOA at 5:25 p.m., denied pain and discomfort. - On 6/7/14, at 12:07 a.m. the notes indicated during 11 p.m. rounds R105 was found on the floor on her knees and elbows by her bed. She stated she put herself on the floor because she was in pain. She refused to take Tylenol [mild to moderate analgesic], stating "I need my methadone your F*** Tylenol doesn't do s*** for me." R105 was put back to bed, seemed somewhat lethargic, speech slurred, pupils constricted and equal. Hand grip is weak. Will monitor resident closely and obtain urine drug test if possible. - On 6/7/14, at 4:27 a.m. the notes indicated R105 was responding to voice, tried to remove from pain and was confused. Will attempt to obtain UA when she is awake.	F 323		

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F 323	<p>Continued From page 133</p> <p>- On 6/7/14, at 10:37 p.m. the notes indicated R105 had signed out for LOA, time was not clear, return time to be 7:00 p.m., R105 not in the building, call out to uncle and son who had no idea where R105 was, resident left with out telling anyone on staff.</p> <p>- On 6/7/14, at 11:12 p.m. the notes indicated R105 came back around 10:50 p.m. stated she got lost while she out on Olsen Memorial highway (a busy, congested highway), was very tired and got someone to flag down the police for her because she was too tired to walk. Police found resident around Olsen Memorial highway and brought her back to facility. R105 was ambulatory using walker in room arranging objects off the bed</p> <p>-On 6/8/14, at 12:08 a.m. the notes indicated facility nursing supervisor informed R105 that before leaving facility for any/all LOA's she must sign out appropriately as this is the facility LOA policy. R105 may or may not have signed herself out in sign out book as book only has time 4pm with no date. R105 immediately became irritable and stated in an angry manner that she told people she was leaving. When asked who she specifically informed or the specific time she left, R105 refused, stating "Oh geez god all frick'n for christ sake what's the f'n big deal?...I go upset, I was tired and crying and couldn't figure out how to get back here...this guy stopped, he called the police." R105 was very hostile and verbally agitated stating to nurse "I'm in so much pain all the f*** time and you a*** don't do anything about it, I can't even stand it...get out of my room you psycho woman." As nurse exited room, R105 slams door.</p> <p>- On 6/8/14, at 7:35 p.m. the notes indicated R105's room checked during dinner time but was not found in room or smoking area and did not</p>	F 323			

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F 323	Continued From page 134 sign out either. Supervisor notified. - On 6/8/14, at 10:47 p.m. the notes indicated R105 returned from LOA, signed out since she did not sign out prior to leaving the facility. Denied pain or discomfort. Had night medications. - On 6/9/14, at 2:37 a.m. the notes indicated staff found R105 laying on the floor with upper extremities in semi-fowler position as she uses both elbow to support herself up but buttocks on floor. R105 stated she did not fall but trying to sleep. - On 6/9/14, at 3:04 p.m. the notes indicated staff found R105 laying on the floor, case manager called and notified of resident behavior. - On 6/10/14, at 3:12 p.m. the notes indicated the IDT met re: R105's recent behaviors and identified that R105 tends to have episodes of independent LOAs and suspected illegal drug use at the beginning of the month when she has more money. Case manager is applying for Rep-Payee to limit access to money. R105 is verbally abusive to staff, refuses to cooperate when facility request urine sample when substance abuse is suspected. IDT will look at setting up a contract, working with the methadone clinic, educating resident and staff, tightening up sign out and LOA process. - On 6/10/14, at 9:49 p.m. the notes indicated R105 was back from LOA. - On 6/10/14, at 11:13 p.m. the notes indicated at 10:30 p.m. writer found R105 sitting in chair with her head bent over her leg and sleeping on the patio, was woken up and encouraged to go to room. R105 was unable to walk back to her room independently, she was assisted and fell asleep right away. "Administrator updated, room search was completed, call placed to physician." - On 6/12/14, at 1:52 p.m. the notes indicated that R105 was found standing on her knees and	F 323			

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F 323	<p>Continued From page 135</p> <p>elbows with head down to floor. R105 stated she was "more comfortable this way", was able to get up off floor independently. "Found in smoking room and noticed sleeping with cigarette lit, was helped to her room and at 12:00 a.m. was found in bathroom, sitting on toilet with her head down to the floor, reported to administration." The Progress Notes lacked evidence of any type of social services interventions that were put into place for the continued noncompliance with suspected illegal drug use during LOAs and potential accidents while on LOA.</p> <p>The admission MDS dated 4/15/14, indicated R105 was cognitively intact and was independent in all ADLs, requiring no setup or physical help from staff. In addition, the MDS under mood indicated R105 was feeling down and depressed. R105 also had feelings of hopelessness and was tired with no energy. Also the MDS noted R105 to have fallen since admission.</p> <p>The Psychotropic CAAs dated 4/15/14, noted R105 to receive antipsychotic medications, and was identified as having the potential to fall due to the medication use. The licensed staff who completed the CAAS noted "See above" for all responses. The CAAs lacked a summary that describe the impact of the problem on the resident and the rationale to care plan.</p> <p>Review of the MD orders indicated on 4/16/14 "tox screen PRN when suspect drug or ETOH abuse per urine test".</p> <p>Review of the MD orders indicated on 4/21/14, "OK for independent LOA during the day without meds and per LOA policy."</p>	F 323		

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F 323	<p>Continued From page 136</p> <p>Review of NP order on 5/15/14, indicated "please assist pt [patient] to get into pool therapy for chronic pain." R105's medical record indicated the pool therapy had not been implemented as ordered by the NP.</p> <p>During an interview on 6/11/14, at 8:53 a.m. licensed practical nurse (LPN)-F stated for LOAs they get an MD order for with or without supervision and medications. The resident was to sign out with date and time and expected time of return in the LOA binder kept at the nursing station. There was a 24 hour report sheet on the clipboard that was communicated between shift who was out on LOA and also it was charted in the computer. LPN-F stated "when R105 goes to the methadone clinic she is always accompanied by a TMA, but sometimes R105 states she is going to stay out on LOA after the visit and the TMA comes back to the facility and reports this."</p> <p>During an interview on 6/11/14, at 12:50 p.m. stated, "This is what we use for AMA and yes, it doesn't outline what to do except residents that are committed or have a guardian are not allowed to fill an AMA form out."</p> <p>During interview on 6/12/14, at 10:07 a.m. SW-A stated he knows that R105 has issues with weight and is on methadone and her case manager is trying to find a place in the community. SW-A stated the facility believes she is using her social security money to buy drugs and they have to get the money secured by a representative payee. SW-A stated the household unit coordinator makes referral appointments, "I think there is an order for finding pool therapy, I'll have to find out, I haven't looked as far as I should have, I am the only SW for the building, it's overwhelming for</p>	F 323			

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F 323	<p>Continued From page 137</p> <p>one person to take care of." Regarding LOA policy, SW-A stated, "I think our guideline is that if they are gone 24 hours we look at discharging them." SW-A stated they have tried from time to time to get a urine sample, but she refuses and reverts to the drug use. SW-A verified he had not offered chemical dependency treatment and agreed that this is an issue, "we are trying to get a plan together."</p> <p>During an interview on 6/12/14, at 11:28 a.m. the nurse practitioner stated she for pain R105 is offered ice packs, has an order for pool therapy and neurotin and Tylenol. States she was aware when police brought her back to the facility and have had meetings addressing the LOA issue, "she is not committed and is her own decision maker, I may need to clarify the LOA order."</p> <p>During an interview on 6/12/14, at 2:59 p.m. the administrator stated there was no AMA policy and she was aware of when R105 was on LOA.</p> <p>During an interview on 6/13/14 at 9:04 a.m., physical therapist assistant stated R105 was receiving physical therapy for a short period of time, but she did not want to come to therapy and participate, "she is fully functional".</p> <p>Review of the facility policy titled "Bryn Mawr Health Care Center Resident Leave of Absence Policy and Procedure" dated 6/2010, indicated under procedure, section 6D, "when a resident fails to return from an LOA: the charge nurse will notify the building charge nurse, the building charge nurse will notify nursing administration, the LOA will then be a missing person incident, a missing person report will be initiated and the CEP [common entry point] will be notified."</p>	F 323		

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F 328 SS=D	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to identify the use of a CPAP machine (continuous positive airway pressure, a treatment that uses mild air pressure to keep the airways open) including maintenance and cleaning of the machine and respiratory condition for 1 of 2 residents (R114) reviewed who used a CPAP machine.</p> <p>Findings include: On 6/10/14, at 9:38 a.m. R114's family (F)-B stated she applied the CPAP machine before she left the facility during visits in the evening. F-B stated she visited the facility almost nightly and at times several times in a day. F-B stated she was unclear when the machine was cleaned by facility staff, but stated the facility provided a jug of distilled water (used to fill the CPAP chamber) per her request. F-B stated on mornings when she arrived to the facility after nights she did not visit, R114 was not wearing the CPAP.</p>	F 328	<p>F328</p> <p>R114 had orders clarified for CPAP. The CPAP was applied as ordered and the NA/R Assignment Sheet (Roster) was updated. The care plan was updated to include the respiratory condition warranting the CPAP.</p> <p>Residents who use CPAP machines have had orders reviewed and care plans updated as indicated.</p> <p>Nursing staff have been educated on the Policy and Procedure for use and cleaning of the CPAP machine.</p> <p>Audits will be conducted weekly x 4 weeks, then monthly x 2 months to verify application of machine to be consistent with MD orders and proper cleaning of the machine.</p> <p>Audit results will be reviewed by the QA Committee to determine ongoing audit schedules and interventions.</p> <p>The Director of Nursing/Designee is responsible to maintain compliance.</p>	7/23/14

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F 328	<p>Continued From page 139</p> <p>On 6/11/14, during observations beginning at 7:08 a.m. and ending upon F-B's arrival to the facility at 9:15 a.m., R114 was observed to have the CPAP mask applied to his face with the machine turned on. R114 was observed to have his eyes closed and remained in bed.</p> <p>The Station 4 NA/R [nursing assistant/registered] Resident Roster (a form carried by NA staff as a quick guide for cares) Updated 11/19/13, identified R114 was legally blind and did not like loud noises. Although the roster included pertinent interventions for R114's care, the roster lacked identification and direction for the CPAP machine.</p> <p>R114's care plan dated 5/22/14, did not address R114's respiratory needs and did not identify the use of the CPAP machine, such as but not limited to when to apply the CPAP, maintenance of the CPAP machine and cleaning of the CPAP machine. The care plan further lacked identification of R114's respiratory condition warranting the CPAP machine, such as but no limited to monitoring of R114's respiratory condition.</p> <p>The admission Minimum Data Set (MDS) dated 5/28/14, indicated R114 was moderately cognitively impaired and R114 required extensive physical assistance with bed mobility, transfers, dressing and grooming. The MDS identified listening to music was "somewhat" important to R114.</p> <p>Physician's orders dated 5/31/14, lacked orders for the CPAP machine, including but not limited to when to apply the CPAP, maintenance of the</p>	F 328			

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F 328	<p>Continued From page 140</p> <p>CPAP machine (such as application of distilled water in the humidifier chamber), diagnosis for the use of the CPAP, cleaning of the CPAP machine/mask/tubing and monitoring R114's respiratory condition with use of the CPAP.</p> <p>The Care Area Assessments (CAAs, all dated 6/2/14) did not identify the use of the CPAP or R114's respiratory condition, such as his sleep apnea diagnosis.</p> <p>The May and June 2014 treatment administration records (TARs) directed, "CPAP at 6:00 pm H2O [water] heated humidity PRN [as needed] dx [diagnosis]: sleep apnea *Please make sure you offer at HS [hour of sleep]." The May 2014 TAR indicated the CPAP documentation was started on 5/28/14, and initialed three times daily until the end of the month. The June 2014 TAR was initialed six of the twelve opportunities (last initialed on 6/12/14, during the survey). In addition, a duplicate notation dated 6/2/14, directed, "Pis [Please] make sure C-PAP is on @ [at] NOC [night shift]." The TAR included twice daily documented initials for evening shift and night shift. The TAR was initialed 23 of 26 opportunities (last initialed as applied on night shift 6/13/14, during the survey). The TAR lacked respiratory monitoring and lacked direction for maintenance of the CPAP machine, such as but not limited to cleaning.</p> <p>On 6/12/14, at 9:24 a.m. the interim director of nursing (IDON) stated the CPAP machines were on a cleaning schedule which should have been written on the "MARs" (medication administration records). IDON verified even if the CPAP was brought by family, the facility would be responsible for maintenance and cleaning. IDON</p>	F 328			

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F 328	Continued From page 141 stated she expected the CPAP to be cleaned weekly. IDON verified R114's respiratory concerns and use of the CPAP were not included on R114's care plan. On 6/12/14, at 9:44 a.m. licensed practical nurse (LPN)-F verified R114's MAR and TAR lacked direction for cleaning and filling the humidifier chamber with distilled water and cleaning of the CPAP. LPN-F was unclear when the CPAP was last cleaned. The ResMed "Taking care of your ResMed equipment" manufacturer's guidelines directed to clean the CPAP mask with warm, soapy water daily, rinse well and allow to air dry away from direct sunlight; wash the H5i [humidifier chamber] water tub in warm water using mild detergent. Rinse thoroughly in clean water and allow it to dry away from direct sunlight. The guidelines directed to dismantle the mask and headgear weekly and hand wash mask components and headgear in warm water with mild soap, rinse well and allow to air dry away from direct sunlight; remove the air tubing form the S9 device and mask, wash it by submerging it in sink of warm, soapy water and agitating the water back and forth inside the tube. Rinse thoroughly and hang to dry away from direct sunlight. The guidelines further directed to wipe the exterior of the device with a damp cloth and mild soap, wash the seal of the humidifier with warm water and mild soap, and check the air filter for holes and blockage from dirt or dust monthly.	F 328			
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from	F 329			

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F 329	<p>Continued From page 142</p> <p>unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to monitor for adverse Tardive Dyskinesia (TD, a disorder resulting in involuntary, repetitive body movements) side effects with use of antipsychotic medications of Zyprexa, Haldol and Clozaril for 2 of 5 residents (R17, R24) reviewed for un-necessary medications. In addition, the facility failed to monitor for efficacy of pain medications, develop non-pharmacological interventions for pain, and provide parameters for administration of two as needed (PRN) pain medications for 1 of 3</p>	F 329	<p>F329</p> <p>R17 AIMS Assessment was completed</p> <p>R24 AIMS Assessment was completed</p> <p>R 57 Pain Assessment was updated and the care plan was updated to include non-pharmacological interventions for pain management.</p> <p>Staff have been educated on the importance of completing the AIMS Assessment.</p> <p>5 Audits to determine if the AIMS Assessment is completed timely will be conducted weekly x 2 weeks, then monthly x 2.</p> <p>Audit results will be reviewed by the QACommittee to determine ongoing audit schedules and interventions.</p> <p>The Director of Nursing is responsible For Maintaining compliance.</p> <p><i>all other ID's pain will be updated CP pages along with compliance</i></p>	7/23/14

*interview
along with plan
in place*

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F 329	<p>Continued From page 143 residents (R57) reviewed for pain medications.</p> <p>Findings include:</p> <p>R17 was not monitored for TD side effects with the use of Zyprexa.</p> <p>R17's Physician Orders dated 5/7/14, indicated R17 received antipsychotic Olanzapine (Zyprexa) 5 Milligrams (mg) via Gastrostomy tube (G-tube) at bedtime for organic personality disorder.</p> <p>R17's quarterly Minimum Data Set (MDS) dated 5/27/14, indicated R17's diagnoses included organic personality disorder, anti-social personality, depression, seizure disorder dementia and aphasia. In addition the MDS indicated R17 received an antipsychotic seven days a week, had behavioral symptoms not directed towards others. Care Area Assessment (CAA) dated 12/6/13, indicated R17 had a long history of behavior issues with diagnoses of anti-social personality disorder, post-traumatic stress, depression and was prescribed the medications. The CAA directed medication side effect monitoring to be done.</p> <p>R17's behavior care plan dated 1/5/06, identified R17 had behaviors and directed R17 staff to administer medications as ordered, monitor for efficacy & side effects related to usage of psychotropic medication.</p> <p>During review of the Dyskinesia Identification System Condensed User Scale (DISCUS) form it was revealed R17's DISCUS was last completed on 10/31/13, and had been indicated was due to be completed 4/14, and was over two months overdue.</p>	F 329		

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F 329	Continued From page 144 When interviewed 6/12/14, at 10:46 a.m. the interim director of nursing (IDON) stated the facility "We had changed to Abnormal Involuntary Movement Scale [AIMS] and the pharmacist does not come out to DISCUS anymore" IDON verified the assessment had not been completed after going through R17's assessments in the electronic record. When interviewed on 6/13/14, at 2:20 p.m. the consultant pharmacist (CP) stated "During my 4/21/14, review I had indicated AIMS assessment was due that month and I had written a recommendation for the facility to follow up" CP further her expectation was since R17 was on an anti-psychotic the assessment needed to be completed. On 6/13/14, at approximately 1:48 p.m. the consultant pharmacist Consultation Report for 4/21/14, was requested from the IDON but was not provided. R24 was not monitored for TD side effects with use of Haldol and Clozaril. R24's Care Area Assessment (CAA) for communication dated 9/20/13, identified R24 had chronic mental illness and R24 had symptoms of paranoia and "hearing voices." The combined CAA for falls and psychotropic drug use dated 9/20/13, identified R24 had the diagnosis of chronic schizophrenia with active auditory hallucinations and delusions which caused unrealistic fears. The CAA addressed pertinent information regarding R24's symptoms and pertinent interventions. The CAA identified R24 had "transitioned to clozaril" as the "primary	F 329			

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F 329	<p>Continued From page 145</p> <p>neuroleptic (antipsychotic medication) and the dose had been "drastically reduced" after a pulmonary embolism. The CAA for psychotropic drug use also dated 9/20/13, identified the use of an antipsychotic and potential adverse consequences for the use of the medication as hallucinations and depression. The CAAs did not identify the use of Haldol or the potential side effect of TD; the CAAs lacked identification and direction for the monitoring for TD side effects.</p> <p>Review of R24's clinical record indicated a DISCUS (Dyskinesia Identification System Condensed User Scale, a physician signed assessment tool used to diagnose potential TD) was completed on 10/31/13, and next due on 4/14 (no year). The form only identified the use of Clozaril and did not identify the use of Haldol. The form lacked a physician's signature and indicated no involuntary movements were identified. Further review of the clinical record lacked evidence R24 was monitored for TD side effects after 10/31/13.</p> <p>R24's quarterly Minimum Data Set (MDS) dated 5/27/14, identified R24 was cognitively intact, had hallucinations and delusions; R24 was independent with locomotion, required limited physical assistance from staff for transfers and extensive physical assistance for all other activities of daily living (ADLs). The MDS identified R24 received antipsychotic medication during the assessment period.</p> <p>R24's Diagnosis Report dated 6/13/14, also identified diagnoses to include chronic paranoid schizophrenia and hypersomnia.</p> <p>The care plan dated 1/9/06, identified R24 was at</p>	F 329			

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F 329	<p>Continued From page 146</p> <p>risk for side effects of psychoactive medications used to treat schizophrenia such as falling, lethargy and dizziness. The care plan for behavior also dated 1/9/06, identified R24 heard voices daily and expressed delusional thoughts. The care plan identified pertinent interventions to address the identified behaviors and directed, "All meds [medications] as per MD [medical doctor] order, monitor for side effects and efficacy with ortho b/p [orthostatic blood pressure] scheduled monthly..." The care plan lacked identification for TD monitoring.</p> <p>The Medication Regimen Review indicated the consultant pharmacist (CP) reviewed the medication regiment last on 5/24/14. Although the review identified an increase in clozaril dosage on 4/9/14, and a scheduled psychology appointment on 7/11/14 (scheduled). A CP consultation report dated 5/24/14, identified the lack of TD monitoring and recommended assessment and monitoring for involuntary movements and, "It is recommended that monitoring frequency increase during dosage changes." The clinical record lacked evidence CP recommendations were acted upon.</p> <p>Physician's Orders dated 6/6/14, indicated to give Haldol 1 mg (milligram) by mouth (PO) at 4:00 p.m. and 2 mg PO as needed (PRN) daily for the diagnoses of psychotic anxiety and schizophrenia. The ordered Haldol dose was started on 10/25/13; Clozaril 25 mg PO 1 tab three times daily (TID) and 2 tabs PO at the hour of sleep (HS). The orders indicated the clozaril was last increased on 4/9/14 (a dosage change warranting increased monitoring for involuntary movements/TD).</p>	F 329		

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F 329	<p>Continued From page 147 .</p> <p>The Medication Administration Record (MAR) for June 2014, identified R24 was monitored for sleep and efficacy of PRN Haldol. The MAR identified Haldol and Clozaril were administered to R24 as ordered, but lacked identification or direction for monitoring of TD side effects.</p> <p>On 6/13/14, at approximately 10:00 a.m. the licensed practical nurse (LPN)-C verified TD was a side effect of Haldol and Clozaril, but was unclear on TD side effect monitoring. At 10:15 a.m. LPN-D stated the DISCUS was no longer used to monitor for TD and the facility used the Abnormal Involuntary Movement Scale (AIMS, a tool to identify the potential presence of TD and monitor TD over time) to monitor for TD. LPN-D reviewed the medical record (including electronic) and verified the clinical record lacked evidence an AIMS was completed and verified the previous DISCUS assessments lacked a physician's signature.</p> <p>On 6/13/14, at 10:39 a.m. R24 was interviewed and denied the presence of involuntary movements. At the time of the interview, R24 was observed to have no involuntary movements.</p> <p>On 6/13/14, at 10:42 a.m. the interim director of nursing (IDON) stated at beginning of the year, the pharmacy stopped doing the DISCUS at the facility. IDON stated the facility now used a quarterly AIMS assessment to monitor for TD. IDON verified the clinical record lacked evidence R24 was monitored for TD.</p> <p>The Antipsychotic Medication Use policy and procedure dated as revised 4/07, identified the diagnoses and pertinent indications for the use of antipsychotic medications and directed, "14.</p>	F 329			

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F 329	<p>Continued From page 148</p> <p>Nursing staff shall monitor and report any of the following side effects to the Attending Physician:" and identified specific symptoms including tremor and rigidity. The policy lacked identification of TD monitoring, such as but not limited to the AIMS or DISCUS assessments and the frequency of the assessments.</p> <p>Pain R57's was not monitored for efficacy of pain medications, did not have non-pharmacological interventions developed to address pain in lue of pain medications and did not identify parameters for administration of as needed (PRN) Tylenol (a non steriod pain medication used to treat mild to moderate pain) and Oxycodone (a narcotic medication used to address moderate to severe pain).</p> <p>During interview with R57 on 6/10/14, at 9:03 a.m. R57 was asked the question, "Do you have any discomfort now or have you been having discomfort such as pain, heaviness, burning, or hurting with no relief?" R57 answered, "I almost always have pain on my right upper leg [pointing to right upper outer thigh], it hurts a lot, pain pills help with the pain."</p> <p>During an observation of R57 on 6/10/14, at 12:05 p.m. R57 was observed in her wheelchair (w/c) moving constantly back and forth in the w/c, rubbing the sides of R57's head, stomping her feet on the floor, breathing heavily, the resident was moaning "Aaaah, Aaaah!"</p> <p>On 6/11/14, at 7:47 a.m. R57 was observed sitting in her w/c kicking her feet up and down on floor, moving both hands and fingers about when nursing assistant (NA)-B stated to R57 "If you</p>	F 329			

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F 329	<p>Continued From page 149</p> <p>keep doing that you are going to make your legs hurt." R57 continued to kick her feet up and down to floor, wringing her hands, and stretching her head back for a few minutes until moved to dining room by NA-B.</p> <p>-At 7:56 a.m. R57 was observed sitting in her w/c in the dining room moving hands and fingers and tapping on the table, moving back and forth from the table, stretching head back while closing her eyes.</p> <p>- At 7:58 a.m. R57 was tapping on the table with her hands, kicking her feet up and down a lot, and licensed practical nurse (LPN)-B stated to R57 "You need to stop that or your legs will hurt."</p> <p>- At 8:03 a.m. R57 was tapping her hands on her w/c, and wheeling herself back from the table, moaning "Ow,ow,ow,ow,ow!" NA-I asked R57 if she had pain and R57 said "yes."</p> <p>- From 8:03 a.m. until 9:02 a.m. when R57 was toileted by NA-B and NA-I, R57 continued to constantly move her hands and fingers, tap on the table, push herself back from the table in her w/c, lifting feet up and down almost to her knees level, drumming feet up and down on table legs, moaning "Awwwww!" a few times, straightening her back upwards and stretching her head backwards, wringing her hands, moving back and forth from table, lifting feet up and down on table pedestal hitting it hard enough and making noise loud enough to hear dishes clank on the table. NA-B was sitting at R57's table feeding R57. NA-I was also in the dining room.</p> <p>- At 9:09 a.m. R57 wheeled herself down the hall past the medication cart lifting her legs up and down; she propelled herself to the entrance door wringing her hands.</p> <p>- At 9:10 a.m. NA-B wheeled R57 back to the dining room.</p> <p>- From 9:11 a.m. until 9:15 a.m. R57 continued to</p>	F 329			

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F 329	<p>Continued From page 150</p> <p>lift her legs up and down almost to her knee level, pushing herself back from table, wringing hands, stretching back up and head back going "Awwwww!", and hitting feet to floor hard, pounding feet up and down hard on floor, holding legs up, staring straight ahead with glazed look to her eyes.</p> <ul style="list-style-type: none"> - At 9:16 a.m. R57 wheeled herself in the w/c down the hall past the medication cart to the entrance door pounding her feet up and down on the floor, drumming her fingers on the w/c, going "Awwwww,Awwwww, Awwwww." - At 9:18 a.m. NA-B walked in the hall past resident and stated, "You back at the door [R57]?" while R57 hitting her feet up and down on the floor making sound. - At 9:20 a.m. surveyor heard R57 say to the administrator, "I don't like living here." <p>On 6/11/14, at 9:31 a.m. R57 was observed sitting in the dining room in her w/c looking at the television, lifting her hands up and down, wringing her hands, wheeling herself back and forth, stretching up in chair, lifting her legs up and down almost near knee level, pounding on the floor with her feet with her tennis shoes, drumming her hands on her w/c wheels, staring with a glazed look, and breathing slightly hard.</p> <ul style="list-style-type: none"> - At 9:34 a.m. staff asked R57 if she wanted to go to an activity. R57 started wheeling herself down the hall past the medication cart, and R57 went and sat at entrance door. - At 9:35 a.m. R57 was observed at entrance door to be wringing her hands, pushing herself back and forth in w/c, breathing heavily, and kicking door hard constantly. - At 9:36 a.m. staff took R57 to an activity. - At 1:01 p.m. R57 was found by surveyor lying in her bed in her room on her back, frantic looking 	F 329			

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F 329	<p>Continued From page 151</p> <p>with distressed look on her face, moving her legs all around, moving arms and hands constantly, agitated, stating she had pain when she saw surveyor. When R57 was asked if she could use her call light, R57 stated, "No, I don't know how to use my call light" and then R57 reached her left hand out towards left rail. R57 stated "my leg hurts" (pointing to her right upper outer side of thigh) and then rubbing her right upper outer leg with her right hand, kicking legs about with distressed look on her face. R57 had a glazed look to her eyes turning her head towards the left crying out, "Ow, ow" and wrung her hands. R57 had a reddened face with pained expression at that time crying out, grimacing, and rubbing the sides of her face vigorously while moving her whole body up and down in bed. NA-B was informed R57 had pain.</p> <p>-At 1:08 p.m. LPN-B came into resident's room and said "[R57], I have something for pain", R57 stated "Owwww", eyes squinting, distressed look on her face, moving fingers saying "Owww, owwwww", rubbing face with hands. R57 cried out loudly "Owwwww" when LPN-B and NA-B moved R57 up in bed, face grimacing, and face reddened. NA-B stated to R57 "you are in pain."</p> <p>- At 1:11 p.m. R57 was given a PRN (as needed) pain medication from LPN-B.</p> <p>- At 1:19 p.m. R57 stated to surveyor my right leg hurts all the time (while rubbing her right upper outer leg and her forehead). R57 also stated at this time "when I get the pain pill it helps with my pain."</p> <p>-At 1:35 p.m. R57 stated to LPN-B when asked she was feeling "better."</p> <p>R57's care plan dated 3/31/09, read "Meds [medications] as per MD [medical doctor] order. Monitor for side effects and efficacy." The plan</p>	F 329			

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F 329	Continued From page 152 also noted, "Resident's needs will be met while at HCC [health care center]. Staff anticipate needs when resident is not expressing them." Also the care plan for behaviors dated 3/31/09, staff were to reorient R57 for her behaviors of hollering and kicking at desk. Staff were to remove R57 from excessive stimulation and try to calm R57 down with 1:1's. Staff were to bring R57 to her room to watch television to reduce grabbing food from peers. An addition to the care plan on 1/20/14, noted, "Potential for alteration in COMFORT related to hip fracture Jan 2014. The resident will verbalize she is comfortable through the review date. Monitor and record any indications of non-verbal pain: Changes in breathing (noisy, deep/shallow, labored, fast/slow) Vocalizations (grunting, moans, yelling out, silence); Mood/behavior (changes, more irritable, restless, aggressive, squirmy, constant motion); Eyes (wide open/narrow slits/shut, glazed, tearing, no focus); Face (sad, crying, worried, scared, clenched teeth, grimacing) Body (tense, rigid, rocking, curled up, thrashing)." In addition, "Notify physician if interventions are unsuccessful or if current complaint is a significant change from residents past experience of pain." The care plan for alteration in comfort lacked evidence of any non-pharmalogical pain interventions being put into place for R57. R57's record included a significant change Minimum Data Set (MDS) dated 1/14/14, which indicated R57 had scored 10 out of 15 on the Brief Interview for Mental Status (BIMS), indicating R57 had moderately impaired cognition. The significant change MDS dated 1/14/14, and corresponding Pain Care Area Assessment (CAA) dated 1/20/14, indicated R57 had complaints of moderate pain daily in which	F 329			

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F 329	<p>Continued From page 153</p> <p>R57 could not put a number to the pain, utilized Oxycodone (pain medication) for positioning and therapies as she recovered from right hip fracture.</p> <p>The Pain MDS assessment dated 4/11/14, documented no pain for R57 and read under Interventions: "restorative program set up after she completed therapy following hip fracture" and under Comments reads: "denies pain." The Pain Assessment lacked a consistent pain scale identification system to rate R57's pain. The information was requested and not provided.</p> <p>The Pain MDS assessment dated 4/15/14 and 4/24/14, read "pain almost constantly, can hardly sleep at night, has limited day to day activities, verbal descriptor scale of pain moderate, vocal complaints of pain, resident has order for Tylenol (a mild analgesic) PRN, Oxycodone PRN" and read under Comments: "Resident has right hip fx [fracture], and c/o pain daily." The Pain MDS assessment lacked the pain intensity number on a scale from 00 through 10. The pain assessment lacked evidence of any non-pharmalogical pain interventions being assessed for R57 and lacked evidence of rating the intensity of R57's daily pain. The Pain Assessment lacked a consistent pain scale identification system to rate R57's pain. The Information was requested and not provided.</p> <p>On 4/18/14, at 9:39 a.m. R57 was seen by nurse practitioner (NP) and the NP's Progress Note stated, "Interview with the patient today reveals that she continues to have occasional right hip pain that seems to come and go throughout the day. She notices it primarily when she is attempting to use her legs to move her w/c. She</p>	F 329			

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F 329	<p>Continued From page 154</p> <p>has been having pain in the right hip since she initially fractured her right hip several months ago." NP's 4/18/14, progress note also read, under Assessment and Plan read "History of right femoral neck fracture, status post Hemiarthroplasty in January 2014. The patient continues to experience pain in the right hip on and off. She did have a fall on March 2nd. We will continue with p.r.n. Oxycodone for pain control." No further documentation was found in the medical record involving any communication between nursing staff to NP regarding R57 having moderate pain almost constantly in April 2014.</p> <p>The Progress Notes were reviewed from 4/25/14, forward and the following was noted:</p> <ul style="list-style-type: none"> - On 4/25/14, at 8:20 p.m. "Right lower extremity is slightly swollen from hip to mid-thigh." - On 5/31/14, read, "Resident complained of pain in right hip, she was yelling she was in pain and grabbing at her right hip. Nurse gave PRN Tylenol. When asked [R57] stated that she was no longer in pain." - On 6/11/14, at 2:42 read "Resident c/o [complain] leg pain this shift. PRN Oxycodone 2.5ml [milliliter] x 1 @ 1:10 p.m., resident is in bed resting at this time." - On 6/12/14, at 15:02 read, "Resident c/o leg pain this shift, prn at 8:30 a.m. seems to be doing well." <p>Physician Orders dated 6/5/14, included Tylenol 2 tablets 650 milligrams (mg) po (oral) as needed for pain initiated 1/7/14, and oxycodone hydrochloride (HCL) 2.5 mg po every four hours as needed for moderate pain initiated 1/20/14.</p> <p>The Medication Administration records (MARs) were reviewed from April 2014 forward and the</p>	F 329			

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F 329	<p>Continued From page 155 following was noted:</p> <ul style="list-style-type: none"> - April 2014 MAR noted PRN Tylenol was given to R57 on 4/4/14, and 4/14/14, and PRN Oxycodone given on 4/4/14, 4/14/14, 4/24/14, 4/27/14, and 4/30/14. - May 2014 MAR notes PRN Tylenol given to R57 on 5/2/14, 5/21/14, and 5/31/14, noting 5/31/14, PRN Tylenol given for leg pain and noted 'effective' for Result on back of MAR. Also 5/2/14, and 5/21/14, administration of PRN Tylenol was not followed up for effectiveness of pain medication neither on back of MAR nor in a progress note for R57. - June 2014 showed PRN Tylenol was given one time on 6/3/14, PRN Oxycodone given once on 6/8/14, 6/11/14, and 6/12/14. Documentation showed PRN Oxycodone given on 6/11/14, and 6/12/14, for leg pain as 'Helpful' under Result (follow up for pain medication effectiveness) by LPN-B. On 6/3/14 and 6/8/14, the administration of PRN Tylenol showed no follow-up for pain medication effectiveness on back of MARs. It also could not be determined if the Tylenol or the oxycodone was effective in managing R57's pain as the PRN medication was not being documented as effective or not. The MARs lacked evidence of using a consistent rating system to monitor the intensity of R57's pain to determine what was "moderate" pain to determine when R57 needed the PRN Tylenol or the PRN Oxycodone to manage the pain. Both PRN medications lacked parameters as to when they were to be given for pain. <p>On 6/11/14, at 7:59 a.m. LPN-B stated that staff tried to redirect R57 as she hurt her hip, and that if R57 kept kicking her legs R57 would sometimes complain of leg pain.</p> <ul style="list-style-type: none"> - At 10:18 a.m. trained medication assistant 	F 329		

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F 329	<p>Continued From page 156</p> <p>(TMA)-A stated that R57 had no routine pain medications, and that R57 will scream and say her legs hurt. TMA-A stated R57's legs hurt from R57's constantly kicking out. TMA-A also stated that she would give R57 a PRN Tylenol if R57 asks for it. TMA-A verified R57 had been given PRN Tylenol in June only on 6/3/14 and 6/8/14, with no follow-up for effectiveness of pain medication noted on the back of the MAR. The TMA also verified the medical record lacked evidence of documentation for follow up for pain that was noted in progress notes 6/3/14, or 6/8/14.</p> <p>- At 1:30 p.m. NA-B stated that she knew when R57 had pain by R57's crying out or by R57 asking for pain medication.</p> <p>- At 1:41 p.m. LPN-B stated R57 had a hip fracture a couple of months ago, and that R57 used to smoke. "[R57] continues to try to get into the smoke room and [R57] kicks at the smoke door to get in." She stated that staff tried to redirect R57 when R57 did that. LPN-B stated that you would know if a resident was in pain by their facial expression. LPN-B also stated that R57 would sometimes tell you if she was in pain. R57 would not ask for pain medication but R57 would tell nurse if she was in pain if nurse asked R57.</p> <p>- At 1:55 p.m. LPN-B stated R57 did not complain of pain until she started kicking the door and under the table. LPN-B also stated staff tried to redirect R57 when she kicked her feet by telling her to stop, reposition her, turn R57 away from table, or watch television.</p> <p>- At 2:04 p.m. the interim director of nursing (IDON) stated she expected staff to follow resident's care plan. When asked if staff had been provided any pain management training the IDON stated "I think so."</p>	F 329			

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F 329	Continued From page 157 On 6/12/14, at 10:37 a.m. LPN-B stated nursing did not monitor R57's pain and that staff would know if R57 had pain if R57 kicked the door or screamed out. - At 3:17 p.m. registered nurse (RN)-B stated R57 reported her hip hurting when she had pain. RN-B stated she gave R57 a PRN Oxycodone today at 8:30 a.m. for pain and said it was "helpful." RN-B stated R57 would start to rub her hip and state "my leg hurts" and then RN-B would give R57 Tylenol (pain medication) and reposition R57. RN-B stated RN-B was able to redirect R57 and get R57 calm if she had time to spend with her, sit down with her, distract her, reposition her, and give R57 Tylenol if needed.	F 329			
F 353 SS=F	On 6/12/14, at 2:18 p.m. the NP was interviewed and stated "did not remember if she was called mid April 2014 regarding R57 having constant moderate pain." NP stated, "She [R57] should be on something for it [the pain], next time I visit her [R57] I will review her pain." 483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:	F 353	F353 The nursing department staffing model has been reviewed and modified to		

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F 353	<p>Continued From page 158</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews with residents, family, staff and document review, the facility failed to ensure sufficient qualified nursing staff were available to meet the needs for 4 of 4 residents (R47, R30, R42, R4) reviewed for sufficient staffing. This practice had the potential to affect all 109 residents currently residing at the facility.</p> <p>Findings include: R47 did not receive the requested pain medication in a timely manner when in "unbearable" pain "9" out of ten on the pain scale.</p> <p>On 6/13/14, at 9:09 a.m. R47 was observed sitting on his wheelchair (W/C) next to the medication cart in the dining room (DR) requesting his medications from TMA-A. The TMA-A stated to R47, "I can't. I have too many residents to do." R47 replied, "I've been waiting for pain med [medication] before I went out smoking at 8:30 a.m." R47 turned the W/C around and started wheeling himself down the hall.</p> <p>- At 9:11 a.m. R47 stated to surveyor, "She [TMA-A] said she would have it [pain medication]</p>	F 353	<p>further meet the needs of all residents.</p> <p>R47 has had his pain management plan reviewed, had a new pain assessment completed and the care plan was updated. As noted above this position will be replaced by an LPN</p> <p>R30's grooming needs were addressed immediately by receiving a shower, hair wash and facial hair was removed. R42 was offer coffee and continues to receive daily coffee.</p> <p>R4 diabetic plan has been reviewed, nurses have been re-educated on expectations to check blood sugars prior to resident meals.</p> <p>Audits will be conducted to evaluate the new staffing model. Meetings will be held with the staff and residents during resident council to determine success with new staffing models or need for changes</p> <p>Audit results will be reviewed by the QA Committee to determine ongoing audits and interventions.</p> <p>The Administrator /designee is responsible for maintaining compliance.</p>	7/23/14	

*Davidson full
Meyers
Meyers
7/23/14*

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F 353	Continued From page 159 before when I asked her [TMA-A] this morning. R47 answered that he had not been asked by TMA-A where or how much his pain was or offered any non-pharmacological interventions. When R47 was asked about the rating of the pain from surveyor, R47 stated his pain was a "9" out of possible 10 sitting on his butt, that the pain was "unbearable", and that he was going to his room to lie down. - At 9:13 a.m. TMA-A was observed and overheard telling a female resident who had asked for a pain medication she could not give resident pain medication at the time because she was too busy doing other residents' medications. - At 9:20 a.m. R47 was observed in his room lying in his bed on his left side. R47 stated he had not yet received any pain medication. R47 stated he had put his call light on when he came to room and an NA came in and said she would tell the TMA about the pain. R47 also stated "I have been waiting for a pain medication since 8:30 a.m." - At 9:30 a.m. R47 stated he had just gotten his prn pain medication (later to be found R47 was not given as needed (PRN) pain medication he had asked for) five minutes ago and there was no effect yet from the pain medication given to him. - At 10:15 a.m. R47 was observed in his room in his bed lying on his right side, watching television. When asked to rate his pain R47 stated "pain is still 8 was 9, they say there is nothing else they can do." - At 10:38 a.m. R47 was observed in his room in his bed lying on his right side. R47 stated he was lying down on his bed on his right side because his "bottom hurts." R47 reiterated he had told TMA-A at 8:30 a.m. he needed a prn pain medication. R47 stated TMA-A stated at the time to him she would get it ready. R47 stated TMA-A had not asked him at the time of his request at	F 353			

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F 353	<p>Continued From page 160</p> <p>8:30 a.m. where and how much the pain was but had stated to R47 she was unable to give him pain medications as she was working on giving another resident their medications. R47 also stated "everything hurts my testicles, my butt, and my open wound on butt." R47 went on to state he had surgery on his bottom, felt angry about the pain, about what he was doing there, about and "everything." R47 also stated the "doctor tells me I have a terrible illness, don't tell me how long I will have it, hydrocephus [sic], they don't want to give me anything for pain, because they say I will drink." R47 went on to state his pain at "9" was "Pretty bad pain, unbearable." and hurt his whole body. "I let staff know about pain, it takes them so long to do anything, they [TMA/nurse] always say they are doing somebody else."</p> <p>- At 10:46 a.m. R47 was observed in his room lying on his side in his bed. Surveyor heard and saw R47 groan "Owwww" and facial grimace, R47 with guarding move slowly to sit up. When asked, R47 rated his pain "8".</p> <p>- At 11:41 a.m. R47 was observed in his room lying on his bed and when asked, R47 rated his pain a "6". R47 stated he only can get a PRN pain medication for pain every six hours and that he was going to ask for another pain medication when he can get one. R47 then stated he would want more pain relief if he could get it.</p> <p>- At 12:43 p.m. R47 was lying in his bed in his room, when asked rated his pain a "5" and stated "I asked the TMA [TMA-A] this morning for one Tramadol (pain medication) and two Tylenol." When asked what medication he had received this morning R47 stated "I believe she [TMA-A] gave me what I asked for" Tramadol and Tylenol.</p> <p>- At 12:45 p.m. TMA-A stated R47's morning medications were due at 8:00 a.m. and "I think I gave him [R47] his meds [medications] about</p>	F 353			

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F 353	<p>Continued From page 161</p> <p>8:45 a.m." TMA-A stated to surveyor it was her first day she had worked on Station 1 in the month of June. TMA-A stated she had been working on Stations 3 and 4, and also stated it took her longer to pass medications on Station 1 as she was not familiar residents' medications. MDS Annual Assessment dated 4/28/14, reported R47 on scheduled pain medication regimen, did not receive PRN pain medication, received non-medication intervention for pain, reported R47 having pain almost constantly rating pain an "8" on a pain scale one to ten. In addition indicated R47 had intact cognition.</p> <p>Care Area Assessment (CAA) dated 4/28/14, indicated, "Resident has chronic pain. He receives scheduled meds for pain relief i.e. topical morphine gel [used for moderate to severe pain], Neurontin and Cymbalta [used to treat major depressive disorder, general anxiety disorder and fibromyalgia], he also has Flexeril and Tylenol ordered as needed. Our goal will remain that resident will report that his pain is at a tolerable level with his current regime. Staff will continue to administer his meds as per order, encourage decreased activity when pain is worse, monitor effectiveness of meds and update to MD if not effective at controlling pain."</p> <p>The Pain Assessment dated 4/30/14, signed by LPN-I reported "Vocal complaints of pain, received scheduled pain medication regimen, treatment Morphine gel [an amorphous hydrogel which gently re-hydrates necrotic tissue, facilitating autolytic debridement] to sacral, peri wound [the tissue surrounding the wound itself] bid [twice a day], and Treatment to wound."</p> <p>When interviewed on 6/13/14, at 9:14 a.m. IDON</p>	F 353			

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F 353	<p>Continued From page 162</p> <p>stated she expected nurses and TMAs to administer medications in a timely manner per policy. IDON also stated she expected TMAs and nurses to ask the resident where the pain is and the resident's rating of pain when a resident asks for a prn pain medication. IDON also stated she would expect a resident to wait no more than five to 10 minutes for a prn pain medication for a resident's pain rating of a "9."</p> <p>On 6/13/14, at 10:13 a.m. when asked TMA-A stated when residents ask for pain medications, "I ask them [residents] if it prn or scheduled. If prn I have to check with the nurse, I tell them [the residents] I am in the middle of meds [medications], and I will get to you [the resident] later."</p> <p>R30 was not provided grooming</p> <p>R30 on 6/9/14, at 6:15 p.m. and consecutive days of the survey 6/10/14, 6/11/14, 6/12/14, and 6/13/14, was observed to have approximately a quarter (1/4) inch long black and white facial hairs to both her lip and chin areas creating a mustache, had missing teeth and hair was approximately ten inches long and straggly.</p> <p>On 6/13/14, at 9:37 a.m. when R30 was asked about her bath schedule R30 stated "I am supposed to get bath on Tuesday and Fridays, didn't get one on Tuesday this week, [NA-B] told me no because she was giving a bath on Tuesday to a resident that should have had his bath on Monday." R30 further stated "I want staff to shave my mustache and chin hair but [NA-B] tells me no, other staff will shave me. It makes me feel bad when they do not shave me. It</p>	F 353			

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F 353	<p>Continued From page 163 makes me feel terrible when I do not get a bath."</p> <p>On 6/13/14, at 10:03 a.m. R30 was overheard asking staff if hairdresser was at the facility "I want to get my hair washed and put up in a bun." -At 10:06 a.m. surveyor approached R30 who stated "I want my hair braided but staff tell me they are too busy to braid my hair, only staff that will sometimes do it is NA-J when she has a break, most of the time she does not as she is too busy working."</p> <p>R30's diagnoses included hirsutism (Excessive growth of facial or body hair in women), diabetes, schizophrenia and polyarthritis involving multiple sites obtained from the quarterly MDS dated 3/24/14. In addition the MDS indicated R30 Brief Interview for Mental Status (BIMS- tool used to measure cognition) was 15 indicated intact cognition, did not reject/refuse cares, required supervision with set up for personal hygiene including shaving and required physical help in part of bathing activity.</p> <p>R30's activities of daily living (ADL) functional/rehabilitation potential CAA dated 1/8/14, indicated R30 was a highly active participant in her ADL's and performed most functions with only prompts and cues. CAA in addition indicated R30 received periodic assistance to shave chin due to hirsutism and braiding her hair. The CAA directed staff to continue to provide set up and prompts to bathe routinely to aid R30 to remain at her highest practicable level of function. ADL care plan dated 5/4/09 identified R30 with a potential for alteration in ADL's due to chronic mental illness related to grooming. Goal "Will be properly groomed daily..." Care plan directed staff to assist to braid</p>	F 353			

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F 353	<p>Continued From page 164</p> <p>hair, shave as needed at resident's request.</p> <p>During document review of the Progress Notes dated 3/31/14, through 6/13/14,, it was revealed there was no documentation for refusal of cares which included shaving and bathing but had a few occasions she refused to eat meals.</p> <p>On 6/10/14, at 9:43 a.m. during interview when asked if there was enough staff to ensure resident's received the care and assistance without having to wait for a long time family member (F)-B stated "sometimes" and explained that the night before (6/8/14) she got husband to bed, and couldn't find a nurse to give him medications as the nurse was on another unit. F-B further stated the nursing assistant called twice and the nurse would not come down and was unclear if husband had received his medications because she had left at 7:30 p.m.</p> <p>On 6/10/14, at 11:05 a.m. licensed practical nurse (LPN)-F stated "TMA is responsible for passing medications on Station 3 and Station 4 and this is impossible, and the LPN is responsible for treatments on both floors and responsible for covering for both wing Station 3 on 1st floor, Station 4 on 2nd floor, she is pulled to both floors and can be in one resident room when needed in another, for the morning and whole day shift."</p> <p>R4's blood sugar was not checked on a timely manner.</p> <p>On 6/11/14, at 8:36 a.m. LPN-B was observed doing R4's blood sugar after R4 had completed eating breakfast. LPN-B verified the blood sugar was completed after R4 had completed eating</p>	F 353		

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F 353	<p>Continued From page 165</p> <p>and stated the blood sugar "Should be" done before meals. When asked if the blood sugar reading would be accurate since R4 had already eaten, LPN-B stated "Sometimes we do it at the same time as the meal, but since he had already eaten and I was behind..." LPN-B explained TMA was "Running behind" and they usually "ran behind" because the nurse and TMA were split between floors. After LPN-B left the surveyor, LPN-B was overheard stating in an angry frustrated voice, "We have to work together as a team, I can't do everything...I have to do accuchecks and pass medications and now I have to help someone off the toilet!" LPN-B then went down the hallway and entered R99's room.</p> <p>When interviewed on 6/11/14, at 1:46 p.m. LPN-B stated "If a staff knows a resident well they can tell if resident has pain. Evening shift nurse covers Station 3 and Station 4, and TMA does medications [meds] on the evening shift, and day. In Station 3 and 4 it is hard now for the nurse to do 2 floors, I have been here a long time, when am covering downstairs I hardly know the resident's, and when a doctor calls about a resident downstairs like for example how is the Seroquel or any medication working it's hard to know what to tell the doctor because am not so familiar with residents downstairs.</p> <p>R42 was not provided beverage on a timely manner.</p> <p>On 6/11/14, at 9:42 to 9:54 a.m. was overheard asking for his instant coffee when NAR stated "You know you can only get your instant coffee from the nurse and she is not here and you will have to wait."</p>	F 353		

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F 353	<p>Continued From page 166</p> <p>-At 9:55 a.m. R42 was overheard again asking for his instant coffee and NA-B told him" We do not have the key so you will have to wait for the nurse who only has the key and she is busy at the time."</p> <p>On 6/11/14, at 2:02 p.m. when asked about staffing and getting her workload done TMA-A stated "It is not easy covering both floors for TMA, it is busy and I did not even get a break at all today, not even a 15 minute break."</p> <p>When interviewed on 6/12/14, at 7:07 a.m. nursing assistant (NA)-A stated "To tell you the truth there is not enough help around sometimes I have to go to another station to help with rounds and relieve another staff for break. We deal and dwell with difficult residents and the other resident's don't get the care they deserve which is unfair."</p> <p>When interviewed on 6/12/14, at 7:12 a.m. LPN-A stated "Seriously it's a lot of work during my shift and I have to pass about thirty medications which just started recently and if something would happen in another unit I have to go and help or deal with the issue. I have expressed these concerns and been told its being looked into."</p> <p>When interviewed on 6/12/14, at 7:17 a.m. NA-B stated "There has been a lot of change since the new company took over and this included cutting down on staff to save money. I sometimes don't take a break because I have to stay in the unit because the nurse has to float between two units and like for example lunch time you cannot leave because you have to watch the residents as they are at risk for chocking and this is a safety concern for me. Also the trained medication aide [TMA] would pass medications at the fourth and</p>	F 353			

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F 353	<p>Continued From page 167</p> <p>third stations which sometimes they are late and to tell you the truth that's room for medication error."</p> <p>When asked who was working on the floor on 6/12/14, at 11:00 a.m. LPN-B stated only herself and NA-B for day shift, and restorative came over to help at meal times when nurse went downstairs.</p> <p>On 6/12/14, at 2:00 p.m. as surveyor was at Station 1 surveyor overheard one NA telling another she was working day and evening shift that day because she had been asked as they were short staff.</p> <p>When interviewed on 6/12/14, at 2:04 p.m. interim director of nursing (IDON) stated she expected staff to follow each resident care plan and when asked about staff breaks policy, IDON stated the policy was after four hours staff got fifteen minutes, half hour meal break and 15 minutes later on and she expected staff to follow that policy and take breaks.</p> <p>On 6/12/14 2:15 p.m. NA-B also stated she was doubling, working day shift at the current Station and a different Station that evening.</p> <p>When interviewed on 6/12/14, at 2:20 p.m. NA-D asked surveyor to remain anonymous stated "No" when asked if she felt there was enough staff to get her cares done. NA-D further stated she sometimes skipped breaks to get the work done and it's important to me to get it done."</p> <p>When interviewed on 6/12/14, at 2:21 p.m. NA-I who worked in restorative stated there was not enough staff when asked about being able to do</p>	F 353			

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F 353	<p>Continued From page 168</p> <p>his workload. NA-I further stated "I get pulled to the floor every now and then, the restorative doesn't get done and I work days, there is not a restorative aide on evenings."</p> <p>On 6/13/14, at 8:31 a.m. to 9:36 a.m. the administrator and the staffing coordinator were interviewed and during the interview when asked for call logs audits the administrator stated there were no logs "Our system is really old and I will check with the maintenance director." When asked how the facility determined staffing the staffing coordinator stated by case mix and administrator stated "We have a set pattern and we don't adjust for census up or down." When asked about the staffing patterns for each shift the staffing coordinator stated there were four stations and each station was different:</p> <p>Day & Evening shifts</p> <ul style="list-style-type: none"> -Station 1- one nurse, one TMA and one NA -Station 2- two nurses and four NA's -Station 3& 4 one nurse, one TMA and one NA (Nurse and TMA go between the units but units have one NA each) -Facility had Escort and restorative NA's assigned <p>Night shift 11:00 p.m. to 7:00 a.m.</p> <ul style="list-style-type: none"> -Station 1- one nurse & one NA -Station 2- one nurse & one NA -Station 3 & 4- one TMA covers and both units have two NA's who help with rounds in other units <p>When asked if the facility used nursing agency staff, the staffing coordinator stated the facility used 24 hour & Soul Care pool staff. In addition the staffing coordinator stated "Before February 26 this year, there was at least 3 pool staff working in each shift and this has been really</p>	F 353			

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F 353	<p>Continued From page 169</p> <p>great since she [administrator] started." Administrator also stated "There was lack of nursing leadership here before and the staff did not have the guidance to do their work and now I have brought in someone who started on Monday that is training staff for example not to apply extra padding on the pressure mattress."</p> <p>When asked if staffing was tracked and trended with incidents such as falls and if there were any patterns the administrator stated "We started to do that about a month and a half ago and looking back who was working when the incident happened."</p> <p>When asked if the resident council had brought concerns about staffing the administrator stated "I have heard that Staff don't get back to them which can be management and other departments and this is what I hear from the members." When asked if the staff had brought attention about staffing and getting their work done the administrator stated "Yes they have shared they are not getting there work done and we have brought someone to come do training with them. About a month ago I realized the staff did not know how to structure their day." The administrator further stated "We have hired another social worker to focus on the behaviors and also planning and going to bring in Psychiatric technicians to work with behaviors. Staffing was changed in September/October 2013 and currently we are also increasing the nurse's hours from 7.5 hours to 8 hours for continuity of care, overlap, give a good report, even do safety checks. I have asked the nurses and have suggested walking rounds rather than everybody is fine. And input is encouraged."</p>	F 353			

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F 353	Continued From page 170 When asked if staffing concerns had been brought up for discussion at the facility quality assurance meetings held every three months, the administrator stated "I have attended one meeting since I have been here and that was not discussed" despite administrator had knowledge of the staffing concerns. The staffing policy was requested on 6/13/14, at 9:35 a.m. but was not provided.	F 353		
F 412 SS=D	483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure routine dental services for 2 of 3 residents (R57, R111) whose dentures did not fit or were missing in the sample reviewed for dental status and services. Findings include: R57 had missing and ill-fitting dentures and was not offered follow up (f/u) dental services.	F 412	F412 R57 has a dental appointment scheduled on 8/21/14 for evaluation of new dentures. She is being monitored for pain. R111 had a dental appointment on 7/1/14 for evaluation of new dentures. Residents requiring dental evaluations will have appointments scheduled. Nursing staff have received education on the expectation to place/remove dentures based on individual resident preference. Staff was educated on reporting resident dental concerns to the nurse for follow-up assessment/dental evaluations. Staff received education on proper storage of dentures	

All the residents will be reviewed

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F 412	Continued From page 171 R57 was observed without dentures during the survey conducted on the following dates and times: -On 6/10/14, at 9:11 a.m. R57 stated at that time that it was hard to chew food and that she sometimes had pain when she chews. She also stated that she had dentures before and that they had broken. The lower denture was observed at that time in a denture cup, dry with no water in cup, sitting on top of the television. No upper denture was observed in the denture cup. -On 6/11/14, at 7:35 a.m. the denture cup was observed on top of television with only a lower denture in it, dry, with no water covering lower denture. No upper denture was seen in denture cup. -On 6/11/14, at 1:36 p.m. R57 was observed without dentures in her mouth. -On 6/12/14, at 8:22 a.m. R57 was observed sitting in the dining room eating breakfast with no dentures in her mouth. At 8:23 a.m. a lower denture was observed in a denture cup, dry with no water covering lower denture, on top of the television. No upper denture was seen in denture cup. -On 6/12/14, at 11:14 a.m. lower denture observed in denture cup on top of television dry. -On 6/13/14, at 9:46 a.m. R57 was observed with no dentures in her mouth. R57 stated at that time that the lower denture does not stay in her mouth without a top denture and that the top denture was lost. R57 also stated "I want new dentures and have told staff I want new dentures." R57 also reinstated, "It sometimes hurts when I chew foods." R57's care plan dated initiated 4/9/09, states staff was to arrange dental f/u for resident. The care plan also noted "Alteration in DENTITION.	F 412	Audits will be completed to observe resident With dentures weekly x 4 weeks and monthly x 2. Audit results will be reviewed by the QA Committee and ongoing audit schedules determined. The Director of Nursing/designee is responsible for maintaining compliance.	7/23/14	

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F 412	<p>Continued From page 172</p> <p>Resident is edentulous, has upper and lower dentures (made in June of 2006). Staff to arrange dental f/u for resident." The current June 2014 care plan included a diagnosis for Dysphagia Oropharyngeal Phase for R57.</p> <p>R57 was seen by dentist on 2/26/14, and the Clinical Notes Report noted "Pt. is edentulous. Pt. is reporting that she has lost her dentures and would like another set."</p> <p>The Minimum Data Set (MDS) dated 1/14/14, R57's Brief Interview for Mental Status (BIMS) indicated a score of 10 for R57 indicating moderately impaired cognition. The Care Area Assessment (CAA) dated 1/14/14, stated "Potential under Dental Care and that R57 has no teeth but does have dentures both upper and lower, and that R57 denies difficulty with chewing foods with dentures in place."</p> <p>Physician's Orders dated 6/5/14, included ground meat diet, honey consistency liquids due to aspiration.</p> <p>During interview with licensed practical nurse (LPN)-B on 6/12/14, at 8:18 a.m. LPN-B stated R57 did not have dentures. At 11:13 a.m. on 6/12/14, LPN-B stated that LPN-B did not know if R57 wanted dentures or not. On 6/12/14, at 9:32 a.m. nursing assistant (NA)-I stated to surveyor that she thought R57 did not have any dentures. On 6/12/14, at 3:17 p.m. registered nurse (RN)-B stated she was pretty sure R57 did not have dentures.</p> <p>The IDON was interviewed on 6/11/14, at 2:04 p.m. and she expected staff to follow the resident's care plan.</p>	F 412			

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F 412	<p>Continued From page 173</p> <p>A dental policy was requested but was not provided on 6/13/14.</p> <p>R111's annual MDS dated 4/1/14, identified R111 had moderate cognitive impairment and no broken or loosely fitting full or partial denture, no discomfort or difficulty with chewing. The CAA dated 1/27/14, indicated R111 had dentures at one point but they did not fit so he does not wear them, and that he had no difficulty chewing or swallowing food textures he knows he can masticate.</p> <p>During resident interview on 6/9/14, at 3:10 p.m. it was observed that R111 did not have teeth and was not wearing dentures. R111 stated his dentures were at home, but they did not fit so he did not wear them. R111 further stated he did not like the ground meat they served him.</p> <p>During interview on 6/12/14, at 1:19 p.m. R111 stated "well yeah" when asked if he would wear his dentures if they were fixed.</p> <p>Review of R111's care plan dated 1/24/14, indicated R111 had no teeth, required oral inspection and assist with cleansing his mouth and to provide regular, ground meat diet as ordered.</p> <p>During an interview on 6/12/14, at 3:40 p.m., the household unit coordinator (HUC), stated no formal assessment was completed and he had not seen a dentist since admit, "he should have saw one."</p> <p>During an interview on 6/13/14, at 8:40 a.m.</p>	F 412			

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F 412	Continued From page 174 registered nurse (RN)-A stated it was routine after an assessment to let the HUC know to set up a routine appointment, but someone else completed the CAA, "so I do not know what happened."	F 412		
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to act upon the consultant pharmacist's identified irregularities for 3 of 5 residents (R17, R24, R57) reviewed for unnecessary medications. Findings include: R17's Physician Orders dated 5/7/14, indicated R17 received antipsychotic Olanzapine (Zyprexa) 5 Milligrams (mg) via Gastrostomy tube (G-tube) at bedtime for organic personality disorder. R17's quarterly Minimum Data Set (MDS) dated 5/27/14, indicated R17's diagnoses included organic personality disorder, anti-social	F 428	<u>F428</u> R17 had the Drug Regimen Review dated 5/23/14 completed R24 had the Drug regimen Review dated 5/24/14 completed. R57 had a new pain assessment completed. A new order has been received. Staff have been educated on the use of non-pharmacological interventions. Residents with a Drug Regimen Review dated 6/2014 have had them completed. Staff have been educated on the Importance of completing an AIMS Assessment schedule for completion.	

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F 428	<p>Continued From page 175</p> <p>personality, depression, seizure disorder dementia and aphasia. In addition the MDS indicated R17 received an antipsychotic seven days a week, had behavioral symptoms not directed towards others. Care Area Assessment (CAA) dated 12/6/13, indicated R17 had a long history of behavior issues with diagnoses of anti-social personality disorder, post-traumatic stress, depression and was prescribed the medications. The CAA directed medication side effect monitoring to be done.</p> <p>R17's behavior care plan dated 1/5/06, identified R17 had behaviors and directed R17 staff to administer medications as ordered, monitor for efficacy and side effects related to usage of psychotropic medication.</p> <p>During review of the Dyskinesia Identification System Condensed User Scale (DISCUS -monitoring the development and progression of tardive dyskinesia (TD). Tardive dyskinesia is a potentially persistent side effect of taking antipsychotic (neuroleptic) medications. TD consists of specific involuntary movements in seven different areas of the body) form it was revealed R17's DISCUS was last completed on 10/31/13, and had been indicated was due to be completed 4/14, and which was two months overdue.</p> <p>During review of the consultant pharmacist (CP) monthly Medication Regimen Review dated 4/21/14, CP had indicated "Abnormal Involuntary Movement Scale [AIMS - monitors the occurrence of TD in patients receiving neuroleptic medications] due this month."</p> <p>During further document review, it was revealed</p>	F 428	<p>Audits will be conducted weekly x 4 weeks, then monthly x 2 to assure compliance in follow-up on the Drug Regimen Reviews.</p> <p>Audits will be reviewed by the QA Committee to determine ongoing monitoring and interventions.</p> <p>The Director of Nursing/designee is responsible for Maintaining compliance.</p> <p><i>James 7309</i></p>	7/23/14

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F 428	<p>Continued From page 176</p> <p>the Consultation Report dated 5/23/14, CP had indicated R17 received Olanzapine which causes involuntary movements including TD but an AIMS or DISCUS assessment was not documented in R17's record within the previous 6 months with last done 10/31/13.</p> <p>When interviewed 6/12/14, at 10:46 a.m. the interim director of nursing (IDON) stated the facility "We had changed to AIMS and the pharmacist does not come out to DISCUS anymore" IDON verified the assessment had not been completed after going through R17's assessments in the electronic record.</p> <p>When interviewed on 6/13/14, at 2:20 p.m. CP stated "During my 4/21/14, review I had indicated AIMS assessment was due that month and I had written a recommendation for the facility to follow up" CP further stated her expectation was since R17 was on an anti-psychotic the assessment needed to be completed. The medical record lacked any follow through from the CP for the April 2014 recommendation in May 2014 medication regimen review.</p> <p>Bryn Mawr Health Care Center Medication Management policy revised June, 2010, directed "6. When a licensed nurse addresses the consultant pharmacist report/recommendation it must be documented on the report and in the resident's progress note the acceptance of the recommendation or the rejection and rationale for the rejection of the report/recommendation..." R24's clinical record lacked CP recommendations for TD side effect monitoring for the use of Haldol and Clozaril (both medications are used for anti-psychotic disorders).</p>	F 428			

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F 428	<p>Continued From page 177</p> <p>R24's CAA for communication identified R24 had chronic mental illness and R24 had symptoms of paranoia and "hearing voices." The combined CAA for falls and psychotropic drug use dated 9/20/13, identified R24 had the diagnoses of chronic schizophrenia with active auditory hallucinations and delusions which caused unrealistic fears. The CAA addressed pertinent information regarding R24's symptoms and pertinent interventions. The CAA identified R24 had "transitioned to clozaril" as the "primary neuroleptic (antipsychotic medication) and the dose had been "drastically reduced" after a pulmonary embolism. The CAA for psychotropic drug use also dated 9/20/13, identified the use of an antipsychotic and potential adverse consequences for the use of the medication as hallucinations and depression. The CAAs did not identify the use of Haldol or the potential side effect of TD; the CAAs lacked identification and direction for the monitoring for TD side effect.</p> <p>R24's quarterly MDS dated 5/27/14, identified R24 was cognitively intact, had hallucinations and delusions. R24 was independent with locomotion, required limited physical assistance from staff for transfers and extensive physical assistance for all other activities of daily living (ADLs). The MDS identified R24 received antipsychotic medication during the assessment period.</p> <p>The care plan dated 1/9/06, identified R24 was at risk for side effects of psychoactive medications used to treat schizophrenia such as falling, lethargy and dizziness. The care plan for behavior also dated 1/9/06, identified R24 heard voices daily and expressed delusional thoughts. The care plan identified pertinent interventions to address the identified behaviors and directed, "All</p>	F 428		

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F 428	<p>Continued From page 178</p> <p>meds [medications] as per MD [medical doctor] order, monitor for side effects and efficacy with ortho b/p [orthostatic blood pressure] scheduled monthly..." The care plan lacked identification for TD monitoring.</p> <p>The Medication Regimen Review indicated the CP reviewed the medication regiment last on 5/24/14. Although the review identified an increase in Clozaril dosage on 4/9/14, and a scheduled psychology appointment on 7/11/14 (scheduled). A CP consultation report dated 5/24/14, identified the lack of TD monitoring and recommended an assessment and monitoring for involuntary movements and, "It is recommended that monitoring frequency increase during dosage changes. The clinical record lacked evidence CP recommendations were acted upon.</p> <p>Physician's Orders dated 6/6/14, indicated to give Haldol 1 mg (milligram) by mouth (PO) at 4:00 p.m. and 2 mg PO as needed (PRN) daily for the diagnoses of psychotic anxiety and schizophrenia. The ordered Haldol dose was started on 10/25/13; Clozaril 25 mg PO 1 tablet three times daily (TID) and 2 tabs PO at the hour of sleep (HS). The orders indicated the Clozaril was last increased on 4/9/14 (a dosage change warranting increased monitoring for involuntary movements/TD).</p> <p>Review of R24's clinical record indicated a DISCUS was completed on 10/31/13, and next due on 4/14 (no year). The form only identified the use of Clozaril and did not identify the use of Haldol. The form lacked a physician's signature and indicated no involuntary movements were identified. Further review of the clinical record lacked evidence R24 was monitored for TD side</p>	F 428		

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F 428	<p>Continued From page 179 effects.</p> <p>The medication administration record (MAR) for June 2014, identified R24 was monitored for sleep and efficacy of PRN Haldol. The MAR identified Haldol and Clozaril were administered to R24 as ordered, but lacked identification or direction for monitoring of TD side effects.</p> <p>On 6/13/14, at approximately 10:00 a.m. the licensed practical nurse (LPN)-C verified TD was a side effect of Haldol and Clozaril, but was unclear on TD side effect monitoring. At 10:15 a.m. LPN-D stated the DISCUS was no longer used to monitor for TD and the facility used the AIMS to monitor for TD. LPN-D verified the clinical record lacked evidence an AIMS was completed and verified the previous DISCUS assessments lacked a physician's signature.</p> <p>On 6/13/14, at 10:39 a.m. R24 was interviewed and denied the presence of involuntary movements. At the time of the interview, R24 was observed to have no involuntary movements.</p> <p>On 6/13/14, at 10:42 a.m. the IDON stated at beginning of the year, the pharmacy stopped doing the DISCUS at the facility. IDON stated the facility now used a quarterly AIMS assessment to monitor for TD with the MDS. IDON verified the clinical record lacked evidence R24 was monitored for TD. IDON verified the clinical record lacked CP recommendations for TD monitoring.</p> <p>On 6/13/14, at 2:12 p.m. CP stated she made a recommended in "January" regarding "missing documentation" and verified TD monitoring should be completed with use of Haldol and</p>	F 428			

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F 428	<p>Continued From page 180</p> <p>Clozaril. CP was unclear if a recommendation had been made regarding TD monitoring for R24. Pain</p> <p>During interview with R57 on 6/10/14, at 9:03 a.m. R57 was asked the question, "Do you have any discomfort now or have you been having discomfort such as pain, heaviness, burning, or hurting with no relief?" R57 answered, "I almost always have pain on my right upper leg [pointing to right upper outer thigh], it hurts a lot, pain pills help with the pain."</p> <p>During an observation of R57 on 6/10/14, at 12:05 p.m. R57 was observed in her wheelchair (w/c) moving constantly back and forth in the w/c, rubbing the sides of R57's head, stomping her feet on the floor, breathing heavily, the resident was moaning "Aaaah, Aaaah!"</p> <p>On 6/11/14, at 7:47 a.m. R57 was observed sitting in her w/c kicking her feet up and down on floor, moving both hands and fingers about when nursing assistant (NA)-B stated to R57 "If you keep doing that you are going to make your legs hurt." R57 continued to kick her feet up and down to floor, wringing her hands, and stretching her head back for a few minutes until moved to dining room by NA-B.</p> <p>-At 7:56 a.m. R57 was observed sitting in her w/c in the dining room moving hands and fingers and tapping on the table, moving back and forth from the table, stretching head back while closing her eyes.</p> <p>- At 7:58 a.m. R57 was tapping on the table with her hands, kicking her feet up and down a lot, and licensed practical nurse (LPN)-B stated to R57 "You need to stop that or your legs will hurt."</p> <p>- At 8:03 a.m. R57 was tapping her hands on her</p>	F 428			

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F 428	Continued From page 181 w/c, and wheeling herself back from the table, moaning "Ow,ow,ow,ow,ow!" NA-I asked R57 if she had pain and R57 said "yes." - From 8:03 a.m. until 9:02 a.m. when R57 was toileted by NA-B and NA-I, R57 continued to constantly move her hands and fingers, tap on the table, push herself back from the table in her w/c, lifting feet up and down almost to her knees level, drumming feet up and down on table legs, moaning "Awwwww!" a few times, straightening her back upwards and stretching her head backwards, wringing her hands, moving back and forth from table, lifting feet up and down on table pedestal hitting it hard enough and making noise loud enough to hear dishes clank on the table. NA-B was sitting at R57's table feeding R57. NA-I was also in the dining room. - At 9:09 a.m. R57 wheeled herself down the hall past the medication cart lifting her legs up and down; she propelled herself to the entrance door wringing her hands. - From 9:11 a.m. until 9:15 a.m. R57 continued to lift her legs up and down almost to her knee level, pushing herself back from table, wringing hands, stretching back up and head back going "Awwwww!", and hitting feet to floor hard, pounding feet up and down hard on floor, holding legs up, staring straight ahead with glazed look to her eyes. - At 9:16 a.m. R57 wheeled herself in the w/c down the hall past the medication cart to the entrance door pounding her feet up and down on the floor, drumming her fingers on the w/c, going "Awwwww,Awwwww, Awwwww." - At 9:18 a.m. NA-B walked in the hall past resident and stated, "You back at the door [R57]?" while R57 hitting her feet up and down on the floor making sound.	F 428			

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F 428	Continued From page 182 On 6/11/14, at 9:31 a.m. R57 was observed sitting in the dining room in her w/c looking at the television, lifting her hands up and down, wringing her hands, wheeling herself back and forth, stretching up in chair, lifting her legs up and down almost near knee level, pounding on the floor with her feet with her tennis shoes, drumming her hands on her w/c wheels, staring with a glazed look, and breathing slightly hard. - At 9:35 a.m. R57 was observed at entrance door to be wringing her hands, pushing herself back and forth in w/c, breathing heavily, and kicking door hard constantly. - At 9:36 a.m. staff took R57 to an activity. - At 1:01 p.m. R57 was found by surveyor lying in her bed in her room on her back, frantic looking with distressed look on her face, moving her legs all around, moving arms and hands constantly, agitated, stating she had pain when she saw surveyor. When R57 was asked if she could use her call light, R57 stated, "No, I don't know how to use my call light" and then R57 reached her left hand out towards left rail. R57 stated "my leg hurts" (pointing to her right upper outer side of thigh) and then rubbing her right upper outer leg with her right hand, kicking legs about with distressed look on her face. R57 had a glazed look to her eyes turning her head towards the left crying out, "Ow, ow" and wrung her hands. R57 had a reddened face with pained expression at that time crying out, grimacing, and rubbing the sides of her face vigorously while moving her whole body up and down in bed. NA-B was informed R57 had pain. -At 1:08 p.m. LPN-B came into resident's room and said "[R57], I have something for pain", R57 stated "Owww", eyes squinting, distressed look on her face, moving fingers saying "Owww, owwwww", rubbing face with hands. R57 cried out	F 428			

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F 428	<p>Continued From page 183</p> <p>loudly "Owwwww" when LPN-B and NA-B moved R57 up in bed, face grimacing, and face reddened. NA-B stated to R57 "you are in pain." - At 1:11 p.m. R57 was given a PRN (as needed) pain medication from LPN-B. - At 1:19 p.m. R57 stated to surveyor my right leg hurts all the time (while rubbing her right upper outer leg and her forehead). R57 also stated at this time "when I get the pain pill it helps with my pain." -At 1:35 p.m. R57 stated to LPN-B when asked she was feeling "better."</p> <p>R57's care plan dated 3/31/09, read "Meds [medications] as per MD [medical doctor] order. Monitor for side effects and efficacy." The plan also noted, "Resident's needs will be met while at HCC [health care center]. Staff anticipate needs when resident is not expressing them." Also the care plan for behaviors dated 3/31/09, staff were to reorient R57 for her behaviors of hollering and kicking at desk. Staff were to remove R57 from excessive stimulation and try to calm R57 down with 1:1's. Staff were to bring R57 to her room to watch television to reduce grabbing food from peers. An addition to the care plan on 1/20/14, noted, "Potential for alteration in COMFORT related to hip fracture Jan 2014. The resident will verbalize she is comfortable through the review date. Monitor and record any indications of non-verbal pain: Changes in breathing (noisy, deep/shallow, labored, fast/slow) Vocalizations (grunting, moans, yelling out, silence); Mood/behavior (changes, more irritable, restless, aggressive, squirmy, constant motion); Eyes (wide open/narrow slits/shut, glazed, tearing, no focus); Face (sad, crying, worried, scared, clenched teeth, grimacing) Body (tense, rigid, rocking, curled up, thrashing)." In addition, "Notify</p>	F 428			

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F 428	<p>Continued From page 184</p> <p>physician if interventions are unsuccessful or if current complaint is a significant change from residents past experience of pain." The care plan for alteration in comfort lacked evidence of any non-pharmalogical pain interventions being put into place for R57.</p> <p>R57's record included a significant change Minimum Data Set (MDS) dated 1/14/14, which indicated R57 had scored 10 out of 15 on the Brief Interview for Mental Status (BIMS), indicating R57 had moderately impaired cognition. The significant change MDS dated 1/14/14, and corresponding Pain Care Area Assessment (CAA) dated 1/20/14, indicated R57 had complaints of moderate pain daily in which R57 could not put a number to the pain, utilized Oxycodone (pain medication) for positioning and therapies as she recovered from right hip fracture.</p> <p>The Pain MDS assessment dated 4/11/14, documented no pain for R57 and read under Interventions: "restorative program set up after she completed therapy following hip fracture" and under Comments reads: "denies pain." The Pain Assessment lacked a consistent pain scale identification system to rate R57's pain. The information was requested and not provided.</p> <p>The Pain MDS assessment dated 4/15/14 and 4/24/14, read "pain almost constantly, can hardly sleep at night, has limited day to day activities, verbal descriptor scale of pain moderate, vocal complaints of pain, resident has order for Tylenol (a mild analgesic) PRN, Oxycodone PRN" and read under Comments: "Resident has right hip fx [fracture], and c/o pain daily." The Pain MDS assessment lacked the pain intensity number on</p>	F 428		

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F 428	<p>Continued From page 185</p> <p>a scale from 00 through 10. The pain assessment lacked evidence of any non-pharmalogical pain interventions being assessed for R57 and lacked evidence of rating the intensity of R57's daily pain. The Pain Assessment lacked a consistent pain scale identification system to rate R57's pain. The information was requested and not provided.</p> <p>On 4/18/14, at 9:39 a.m. R57 was seen by nurse practitioner (NP) and the NP's Progress Note stated, "Interview with the patient today reveals that she continues to have occasional right hip pain that seems to come and go throughout the day. She notices it primarily when she is attempting to use her legs to move her w/c. She has been having pain in the right hip since she initially fractured her right hip several months ago." NP's 4/18/14, progress note also read, under Assessment and Plan read "History of right femoral neck fracture, status post Hemiarthroplasty in January 2014. The patient continues to experience pain in the right hip on and off. She did have a fall on March 2nd. We will continue with p.r.n. Oxycodone for pain control." No further documentation was found in the medical record involving any communication between nursing staff to NP regarding R57 having moderate pain almost constantly in April 2014.</p> <p>The Progress Notes were reviewed from 4/25/14, forward and the following was noted: - On 4/25/14, at 8:20 p.m. "Right lower extremity is slightly swollen from hip to mid-thigh." - On 5/31/14, read, "Resident complained of pain in right hip, she was yelling she was in pain and grabbing at her right hip. Nurse gave PRN Tylenol. When asked [R57] stated that she was no longer in pain."</p>	F 428		

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F 428	<p>Continued From page 186</p> <ul style="list-style-type: none"> - On 6/11/14, at 2:42 read "Resident c/o [complain] leg pain this shift. PRN Oxycodone 2.5ml [milliliter] x 1 @ 1:10 p.m., resident is in bed resting at this time." - On 6/12/14, at 15:02 read, "Resident c/o leg pain this shift, prn at 8:30 a.m. seems to be doing well." <p>Physician Orders dated 6/5/14, included Tylenol 2 tablets 650 milligrams (mg) po (oral) as needed for pain initiated 1/7/14, and oxycodone hydrochloride (HCL) 2.5 mg po every four hours as needed for moderate pain initiated 1/20/14.</p> <p>The Medication Administration records (MARs) were reviewed from April 2014 forward and the following was noted:</p> <ul style="list-style-type: none"> - April 2014 MAR noted PRN Tylenol was given to R57 on 4/4/14, and 4/14/14, and PRN Oxycodone given on 4/4/14, 4/14/14, 4/24/14, 4/27/14, and 4/30/14. - May 2014 MAR notes PRN Tylenol given to R57 on 5/2/14, 5/21/14, and 5/31/14, noting 5/31/14, PRN Tylenol given for leg pain and noted 'effective' for Result on back of MAR. Also 5/2/14, and 5/21/14, administration of PRN Tylenol was not followed up for effectiveness of pain medication neither on back of MAR nor in a progress note for R57. - June 2014 showed PRN Tylenol was given one time on 6/3/14, PRN Oxycodone given once on 6/8/14, 6/11/14, and 6/12/14. Documentation showed PRN Oxycodone given on 6/11/14, and 6/12/14, for leg pain as 'Helpful' under Result (follow up for pain medication effectiveness) by LPN-B. On 6/3/14 and 6/8/14, the administration of PRN Tylenol showed no follow-up for pain medication effectiveness on back of MARs. It also could not be determined if the Tylenol or the 	F 428			

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F 428	<p>Continued From page 187</p> <p>oxycodone was effective in managing R57's pain as the PRN medication was not being documented as effective or not. The MARs lacked evidence of using a consistent rating system to monitor the intensity of R57's pain to determine what was "moderate" pain to determine when R57 needed the PRN Tylenol or the PRN Oxycodone to manage the pain. Both PRN medications lacked parameters as to when they were to be given for pain. The MARs lacked evidence of re-assessing R57's pain at least every shift according to the facility's Pain Clinical Protocol revised 10/10.</p> <p>The Medication Regimen Review from the consultant pharmacist was reviewed from 1/14, going forward. The pharmacist did not report any irregularities to the facility regarding the lack of parameters for the PRN pain medication, the lack of efficacy, and the lack of non-pharmacological interventions.</p> <p>On 6/11/14, at 7:59 a.m. LPN-B stated that staff tried to redirect R57 as she hurt her hip, and that if R57 kept kicking her legs R57 would sometimes complain of leg pain.</p> <p>- At 10:18 a.m. trained medication assistant (TMA)-A stated that R57 had no routine pain medications, and that R57 will scream and say her legs hurt. TMA-A stated R57's legs hurt from R57's constantly kicking out. TMA-A also stated that she would give R57 a PRN Tylenol if R57 asks for it. TMA-A verified R57 had been given PRN Tylenol in June only on 6/3/14 and 6/8/14, with no follow-up for effectiveness of pain medication noted on the back of the MAR. The TMA also verified the medical record lacked evidence of documentation for follow up for pain that was noted in progress notes 6/3/14, or</p>	F 428		

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F 428	<p>Continued From page 188 6/8/14.</p> <ul style="list-style-type: none"> - At 1:30 p.m. NA-B stated that she knew when R57 had pain by R57's crying out or by R57 asking for pain medication. - At 1:41 p.m. LPN-B stated R57 had a hip fracture a couple of months ago, and that R57 used to smoke. "[R57] continues to try to get into the smoke room and [R57] kicks at the smoke door to get in." She stated that staff tried to redirect R57 when R57 did that. LPN-B stated that you would know if a resident was in pain by their facial expression. LPN-B also stated that R57 would sometimes tell you if she was in pain. R57 would not ask for pain medication but R57 would tell nurse if she was in pain if nurse asked R57. - At 1:55 p.m. LPN-B stated R57 did not complain of pain until she started kicking the door and under the table. LPN-B also stated staff tried to redirect R57 when she kicked her feet by telling her to stop, reposition her, turn R57 away from table, or watch television. - At 2:04 p.m. the interim director of nursing (IDON) stated she expected staff to follow resident's care plan. When asked if staff had been provided any pain management training the IDON stated "I think so." <p>On 6/12/14, at 10:37 a.m. LPN-B stated nursing did not monitor R57's pain and that staff would know if R57 had pain if R57 kicked the door or screamed out.</p> <ul style="list-style-type: none"> - At 3:17 p.m. registered nurse (RN)-B stated R57 reported her hip hurting when she had pain. RN-B stated she gave R57 a PRN Oxycodone today at 8:30 a.m. for pain and said it was "helpful." RN-B stated R57 would start to rub her hip and state "my leg hurts" and then RN-B would give R57 Tylenol (pain medication) and reposition 	F 428			

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F 428	Continued From page 189 R57. RN-B stated RN-B was able to redirect R57 and get R57 calm if she had time to spend with her, sit down with her, distract her, reposition her, and give R57 Tylenol if needed. On 6/12/14, at 2:18 p.m. the NP was interviewed and stated "did not remember if she was called mid April 2014 regarding R57 having constant moderate pain." NP stated, "She [R57] should be on something for it [the pain], next time I visit her [R57] I will review her pain."	F 428			
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of	F 431	F431 The refrigerator on Station 1 was immediately checked and repaired by maintenance. The refrigerator was cleaned/defrosted. Expired medications for R79, R51, R41, R47 and R67 were destroyed. R79 eye ointments were destroyed and replaced. When the replacement medication was opened, the open medication was dated. R56 orders for eye ointment were discontinued and the medication was destroyed.		

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F 431	<p>Continued From page 190</p> <p>controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure the medication refrigerator on station 1 was maintained at the proper temperature and logged per facility's policy. This could potentially affect 32 of 32 residents; the facility failed to ensure expired medications were disposed according to facility's policy, that could affect 1 of 21 residents (R79) on station 2 North hall and 4 of 32 residents (R51, R41, R47, R67) on station 1; and the facility failed to ensure medications were properly labeled that could affect 32 of 32 residents on station 1, 2 of 21 residents (R79, R56) on station 2 North hall, and 1 of 18 residents (R84) on station 4.</p> <p>Findings include:</p> <p>Station 1 Medication Refrigerator Temperature: On 6/11/14, at 11:43 a.m. when licensed practical nurse (LPN)-F opened the medication refrigerator for inspection, the temperature was observed to be at 50 degrees. LPN-F verified the temperature of the medication refrigerator was 50 degrees and stated the temperature should be maintained at "40 degrees as the maximum." LPN-F did not enter the temperature reading in the refrigerator temperature log. The last temperature was</p>	F 431	<p>R84 had the medication destroyed and a new bottle ordered. The new bottle, when the replacement medication was opened, the open medication was dated.</p> <p>Any resident found to have a Medication that is expired, or opened and missing a sticker label identifying the open date will have the medication removed from use and replaced.</p> <p>Medication Room Refrigerator temperatures are checked daily. Maintenance is notified if the temperature is out of range.</p> <p>Staff have been educated on the Expectation to use the sticker label for writing the date when opened , monitoring for expired medications and documenting refrigerator temperatures daily.</p> <p>Medication Carts will be audited weekly, ongoing, by the Licensed staff for expired medications and use of sticker labels for date opened.</p>		

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F 431	<p>Continued From page 191</p> <p>entered on 6/10/14, at 38 degrees. LPN-F stated the night nurses were tasked to check the refrigerator temperature and log them in. LPN-F stated she would call maintenance to have the thermometer checked.</p> <p>The following were stored in the medication refrigerator at the time of inspection: house supply of bisacodyl suppository (used to promote bowel evacuation), Tylenol suppository (a mild analgesic), and Mantoux solution (used to detect Tuberculosis); insulin; Xalatan (treatment of high eye pressure/intraocular pressure (IOP) in people with open-angle glaucoma or ocular hypertension) eye drops; liquid Ativan (an anti-anxiety medication); and heparin (a blood thinner).</p> <p>Expired Medications: On 6/11/14, at 8:00 a.m. during inspection of the station 2 North hall medication cart, there were two tubes of artificial tears eye ointments for R79 that were expired on 11/12/13 and 11/30/13. LNP-C verified the R79's eye ointments were expired.</p> <p>On 6/11/14, at 11:33 a.m. during inspection of station 1 treatment cart, the following were found: a tube of Nystatin cream (used to treat fungal infections) for R51 expired 5/10/14; a tube of Nystatin cream for R41 expired on 5/10/14; a house supply of ammonium lactate (skin moisturizer) expired 12/21/13; a Hibiclens 4% cream (skin cleanser) for R47 expired 5/30/14; a tube of Nystatin cream for R67 expired 5/13/14. LPN-F verified the medications were expired, and stated the expired medications will be placed in a bin and "somebody" will come to pick up the bin.</p>	F 431	<p>The Pharmacy will audit monthly x 3 months and then quarterly, ongoing, for expired medications and use of the sticker label for open dates.</p> <p>Audit results will be reviewed by the QA Committee to determine ongoing audit schedules and interventions.</p>	7/23/14	

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F 431	<p>Continued From page 192</p> <p>Medications with Incomplete Labels: On 6/11/14, at 8:00 a.m. during inspection of the station 2 North hall medication cart, surveyor found two eye ointments for R79 that did not have dates labeled on medications as to when they were opened. LPN-C verified the eye ointments had no labels for open dates.</p> <p>-At 8:03 a.m. surveyor found an eye ointment (artificial tears) tube for R56 in the station 2 North hall medication cart. The eye ointment did not have an open date labeled in the medication tube. The manufacturer's instruction written in the tube directed to "discard medication one year after medication was dispensed or expired whichever is sooner." When the June 2014 Medication Administration Record for R56 was reviewed, there was no physician's order for the use of the eye ointment. LPN-C verified there was no doctor's order for the medication, the medication was expired and needed to be discarded.</p> <p>On 6/11/14, at 11:40 a.m. during inspection of the station 1 medication room, surveyor found three loperamide (used to control diarrhea) 2 mg pills sitting on cabinet with treatment supplies/stock (tongue depressors, dressings, etc.). The loperamide pills were not labeled as who will use the pills or what will be done with the pills. LPN-F could not explain why the three loperamide pills were in the treatment cabinet and how they were in there.</p> <p>On 6/11/14, at 12:30 p.m. surveyor found a bottle of oxycodone (pain medication) 5mg/5ml solution for R84 in the narcotics box of the station 4 medication cart. The medication bottle did not have an open date.</p>	F 431			

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F 431	<p>Continued From page 193</p> <p>On 6/12/14, at 8:22 a.m. the interim director of nursing (IDON) stated she expected expired medications to be pulled from the medication carts. IDON stated the night nurses do weekly medication cart audits where nurses were expected to check for labels that include medication opening dates and expiration dates. IDON stated the refrigerator for medications should be maintained between 35-40 degrees and to be "logged twice daily" except for station 4 med room refrigerator which should be checked "every shift." IDON stated expired medications will be placed in a bin and sent back to pharmacy; stock meds like Colace, vitamins, insulins, etc. will be wasted.</p> <p>On 6/12/14, at 8:40 a.m. consultant nurse (CN)-I, the nurse consultant for the pharmacy stated she expected the facility to keep track of expiration dates of medications. CN-I verified open dates of medications were very important and the reason why pharmacy sent the medications with a sticker label for writing open dates. CN-I stated all eye drops to include artificial tears, Travatan, Xalatan, etc. had to be labeled for open dates because they expire 42 days after opening or on the manufacturers label for expiration date whichever would be earlier. CN-I stated medication refrigerator had to be maintained at 36-46 degrees.</p> <p>On 6/12/14, at 11:11 a.m., when LPN-E opened the station 1 medication refrigerator, there was a thick frost build-up observed. The medication refrigerator temperature was noted to be at 48 degrees. LPN-E verified the medication refrigerator had heavy frosting and needed to be cleaned or defrosted. LPN-E stated the refrigerator was "not clean" and the temperature</p>	F 431			

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F 431	<p>Continued From page 194</p> <p>was high at 48 degrees. The last temperature logged for the medication refrigerator was 38 degrees on 6/10/14. LPN-E entered the temperature reading of 48 degrees for 6/12/14, and verified there was no entry for temperature reading on 6/11/14.</p> <p>On 6/12/14, at 12:19 p.m. IDON gave a copy of the Temperature Log for the month of 6/14 as requested, the copy showed no blank spot including 6/11/14, where the number "42" was written. IDON verified she was the one who entered "42" for 6/11/14, just before she made a copy to submit to surveyor. IDON stated she checked the station 1 refrigerator temperature on 6/11/14, but did not have a pen so she left the medication room but then forgot to go back and write on the temperature log. IDON stated during an earlier interview on 6/12/14, at 8:22 a.m. the night nurses were the ones who checked on the temperatures of medication refrigerators and to log them in.</p> <p>On 6/12/14, at 2:45 p.m. the maintenance assistant (MA)-H verified station 1 medication refrigerator thermometer problem was not reported to him on 6/11/14, and was just reported to him on 6/12/14, by "nurse on station 3." MA-H stated he already fixed the refrigerator thermometer.</p> <p>On 6/13/14, at 10:00 a.m. the Consultant Pharmacist stated temperatures for medication refrigerators should be maintained at 35-45 degrees and outdated medications should be pulled from medication carts and sent back to pharmacy or destroyed as appropriate according to policy.</p>	F 431			

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F 431	<p>Continued From page 195</p> <p>The facility's daily refrigerator Temperature Log sheet for June 2014 directed staff to maintain the temperature of the refrigerator between 35-40 degrees.</p> <p>As directed by the facility's policy on storage of medications dated 4/2007, medications should be stored with proper labeling, and medications with incomplete, improper, and incorrect labels should be returned to the dispensing pharmacy or destroyed. It was further provided in the policy to return to pharmacy or destroy outdated medications.</p> <p>The facility's Medication Disposal Policy and Procedure dated 5/2011, directed nurses to remove discontinued medication "from resident's medication supply." The policy directed staff to place discontinued and out-dated medications in a secure location and mark or identify them as "discontinued and subject to disposal." The policy further directed staff to dispose off discontinued or outdated medications which could not be returned to the pharmacy.</p> <p>The Bisacodyl Package Insert and Label Information by Physicians Total Care, Inc. last revised on 3/16/11, directed the facility to store the suppositories at room temperature 59°- 86°F.</p> <p>The Tylenol suppository Package Insert and Label Information by Perrigo, New York, Inc. dated 10/10, directed the facility to store the suppositories at 68°-77°F or in a cool place.</p> <p>The Mantoux solution package insert by Sanofi Pasteur Limited dated February 2013 directed the facility to store the solution vial at 2° to 8°C (35° to 46°F).</p>	F 431			

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F 431	Continued From page 196	F 431		
F 441 SS=F	<p>The Xalatan eye drop package insert by Pfizer Manufacturing dated May 2011, directed the facility to " store unopened bottle(s) under refrigeration at 2° to 8 °C (36° to 46°F). During shipment to the patient, the bottle may be maintained at temperatures up to 40 °C (104 °F) for a period not exceeding 8 days. Once a bottle is opened for use, it may be stored at room temperature up to 25 °C (77 °F) for 6 weeks. "</p> <p>The liquid Ativan package insert by Roxane Laboratories, Inc. Revised October 2012, directed the facility to store the Ativan " at Cold Temperature-Refrigerate 2°- 8°C (36°- 46°F)."</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p>	F 441	<p><u>F441</u></p> <p>Then Infection Control Program, including documentation tools related to tracking employee infections, has been reviewed.</p> <p>Employee illnesses will be tracked for infection control purposes .</p> <p>The Infection Control Coordinator Has been re-educated on the Expectation for tracking and reporting employees with infections.</p> <p>Staff have been educated o the purpose of tracking illnesses and how the information will be utilized.</p>	

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F 441	<p>Continued From page 197</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure employee infections were tracked by the facility. This practice had the potential to affect all 109 residents residing in the facility.</p> <p>Findings include:</p> <p>On 6/12/14, at 9:24 a.m. the facility's infection control program was reviewed with the interim director of nursing (IDON). During the review and interview, the facility's system for tracking resident infections was reviewed and a log of resident infections was reviewed. IDON verified the facility tracked residents with infections, what antibiotic was ordered, whether the infection was obtained inside or outside the facility and the infectious organism when appropriate. IDON stated the logs were reviewed in the quality assessment and assurance (QAA) committee. IDON stated she started as the infection control</p>	F 441	<p>Department Managers and Staffing Coordinator have been educated on the process for notifying the IC Coordinator.</p> <p>Audits will be completed weekly x 4 weeks, then monthly x 2 months to determine compliance.</p> <p>Audit results will be reviewed by the QA Committee to determine ongoing audit schedules and interventions.</p> <p>The Infection Control Coordinator/ designee is responsible for maintaining compliance.</p>	7/23/14	

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F 441	Continued From page 198 nurse and coordination of the infection control program "three weeks ago" and verified she had not been to a QAA meeting. When asked how the facility tracked employee infections, IDON stated she was unclear how employee infections were tracked. On 6/12/14, at approximately 10:45 a.m. the regional clinical consultant and IDON verified the facility lacked tracking of employee infections. Although the facility appropriately had Infection Control policies for various Standard Precautions such as disinfection of care equipment, gloving, handwashing and handling of linens, the facility lacked clear policies and procedures outlining the facilities Infection Control Program, such as but not limited to tracking of employee infections, tracking of resident infections, use of the infection tracking logs, reporting of infections and the facilities Infection control education. The facility lacked infection control policies and procedures which outlined assignment of infection control monitoring and reporting to QAA.	F 441			
F 463 SS-E	483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to identify a non-functioning call light for 5 of 5 residents (R77,	F 463	F463 R77, R78, R55, and R26 had the call lights repaired immediately. A house call light audit was completed to identify other residents call light function.		

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F 463	<p>Continued From page 199 R78, R55, R6, R26) who had a non-functioning call light reviewed for environmental concerns.</p> <p>Findings include:</p> <p>On 6/9/14, at 7:23 p.m. the call light in the bathroom that was shared by R77 and four other residents was observed to have a chain pull, observed to be in the "down position" upon entering the room. Call light not functional when checked. Bathroom shared with neighboring room.</p> <p>-At approximately 7:15 p.m. registered nurse (RN)-B verified the call light was not consistently functional. RN-B moved the switch up and down; the light outside the door activated sporadically and did not remain engaged. RN-B then stated she would report the issue to maintenance; her supervisor. RN-B further stated "It's written in an orange book."</p> <p>On 6/10/14, at 10:00 a.m. rechecked bathroom call light, remained in the down position, did not activate fully.</p> <p>On 6/10/14, at 1:48 p.m. when asked residents that used the bathroom in both rooms NA-K stated all the residents were ambulatory and did not use the bathroom call light. NA-K also indicated all residents were capable of using the call light. When asked if they required help with toilet use, NA-K stated all residents except R77 walked into the bathroom and walked out independently after use.</p> <p>On 6/11/14, at 11:15 a.m. rechecked the call light still remained in the down position and was still not functioning and had not been fixed.</p>	F 463	<p>Staff have been re-educated on the expectation to immediately report a problem with call light function to the nurse. The nurse is expected to notify the Maintenance Staff.</p> <p>The Maintenance Staff was re-educated on the expectation to check the Maintenance Repair Books daily.</p> <p>Audits will be completed to check call light function weekly x 4 weeks, monthly x 2 months. <i>to ensure all call are functioning</i></p> <p>The Maintenance Director/designee is responsible for maintaining compliance.</p>	7/23/14

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F 463	<p>Continued From page 200</p> <p>On 6/12/14, at 2:01 p.m. during the tour house-keeping and laundry manager, district manager and covering maintenance all verified the call-light was still in the down position and when call-light was pulled it did not activate and the maintenance director stated "It's not working." When informed that surveyor had reported the malfunctioning call-light had been reported 6/9/14, maintenance stated he was not aware and the staff were supposed to write down any maintenance concerns in the maintenance log and the maintenance staff were supposed to go around daily to check the logs and fix the concerns but indicated the facility maintenance director was out on vacation this week.</p> <p>R77's diagnoses included below knee amputation and end stage renal disease obtained from the quarterly Minimum Data Set dated 5/29/14. In addition MDS indicated R77 required extensive assist of two with transfers, toileting and dressing.</p> <p>R78's quarterly MDS dated 4/14/14, indicated required supervision with toileting and was independent with transfers.</p> <p>R55's quarterly MDS dated 5/12/14, indicated R55 was independent with toileting and transfers.</p> <p>R6's quarterly MDS dated 3/31/14, indicated R6 was independent with toileting and transfers.</p> <p>R26's annual MDS dated 5/26/14, indicated R26 required extensive assist with toileting, dressing and was independent with transfers.</p> <p>When interviewed on 6/12/14, at 3:01 p.m. RN-B stated she had reported the call-light not functioning to consultant registered nurse (CRN)</p>	F 463		

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F 463	<p>Continued From page 201 and had written the work order on the Maintenance Log and showed surveyor the log with work order dated 6/9/14, which had not been signed as completed.</p> <p>When interviewed on 6/12/14, at 3:34 p.m. CRN stated RN-B had reported the call-light concern to her and had told RN-B to write it in the Maintenance Log. CRN acknowledged the call-light showed have been fixed and not waited for four days since surveyor had brought the concern to the facility's attention.</p> <p>When interviewed on 6/13/14, the administrator stated "They need to be fixed immediately."</p> <p>Bryn Mawr Health Care Call Light Policy And Procedure dated 6/2010, directed "Each resident will have a functioning call light within reach when they are in bed and/or in their room at all times."</p>	F 463			

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NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	
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K 000	<p>INITIAL COMMENTS</p> <p>FIRE SAFETY</p> <p>THE FACILITY'S POC WILL SERVE AS YOUR ALLEGATION OF COMPLIANCE UPON THE DEPARTMENT'S ACCEPTANCE. YOUR SIGNATURE AT THE BOTTOM OF THE FIRST PAGE OF THE CMS-2567 FORM WILL BE USED AS VERIFICATION OF COMPLIANCE.</p> <p>UPON RECEIPT OF AN ACCEPTABLE POC, AN ONSITE REVISIT OF YOUR FACILITY MAY BE CONDUCTED TO VALIDATE THAT SUBSTANTIAL COMPLIANCE WITH THE REGULATIONS HAS BEEN ATTAINED IN ACCORDANCE WITH YOUR VERIFICATION.</p> <p>A Life Safety Code Survey was conducted by the Minnesota Department of Public Safety. At the time of this survey, The Villa at Bryn Mawr was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of National Fire Protection Association (NFPA) Standard 101, Life Safety Code (LSC), Chapter 19 Existing Health Care.</p> <p>PLEASE RETURN THE PLAN OF CORRECTION FOR THE FIRE SAFETY DEFICIENCIES TO:</p> <p>Healthcare Fire Inspections State Fire Marshal Division 445 Minnesota St., Suite 145 St. Paul, MN 55101-5145, OR</p> <p>By email to:</p>	K 000	<p>POC ok w/AW for K67 FS 7-25-14</p> <div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>JUL 25 2014</p> <p>MN DEPT. OF PUBLIC SAFETY STATE FIRE MARSHAL DIVISION</p> </div>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Pat Vouk TITLE: Administrator (X6) DATE: 7/18/2014

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.

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

PRINTED: 07/08/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245203	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2014
NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	
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K 000	Continued From page 1 Marian.Whitney@state.mn.us THE PLAN OF CORRECTION FOR EACH DEFICIENCY MUST INCLUDE ALL OF THE FOLLOWING INFORMATION: 1. A description of what has been, or will be, done to correct the deficiency. 2. The actual, or proposed, completion date. 3. The name and/or title of the person responsible for correction and monitoring to prevent a reoccurrence of the deficiency. Bryn Mawr Health Care Center is a 3-story building with a partial basement. The building was constructed at 2 different times. The original 3 story building was constructed in 1967 and was determined to be of Type II(222) construction. In 1969, a 3 story addition was constructed to the West that was determined to be of Type II(222) construction. Because the original building and the 1 addition are of the same type of construction, the facility was surveyed as one building. This building is fully fire sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors that is monitored for automatic fire department notification. The facility has a capacity of 112 beds and had a census of 107 at the time of the survey.	K 000		
K 045	The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by: NFPA 101 LIFE SAFETY CODE STANDARD	K 045		

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K 045 SS=F	Continued From page 2 Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide adequate emergency lighting in accordance with LSC (00) 19.2.8. This deficient practice can effect all residents. Findings include: During facility tour between 9:15 AM and 10:45 AM on 06/11/2014, observation revealed that the stairwell lights are powered through multiple light switches. Turning any one off shuts off the light to the entire stairwell. This deficient practice was verified by the maintenance director at the time of the inspection.	K 045	K-45 The stairwell lights switches have been removed.	7-23-14	
K 066 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.	K 066	K-066 Metal containers with self closing cover devices have been purchased and are found both in the in-door and Out-door smoking areas.	7/23/14	

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K 066	Continued From page 3 (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on observations and interview, the facility has failed to properly enforce the facility smoking policy. This deficient practice could affect all residents. Findings include: On facility tour between 9:15 AM and 10:45 AM on 06/11/2014, observation revealed that at both the indoor and outdoor smoking areas, there is evidence that people are extinguishing their cigarettes and discarding them into the combustible trash cans. This deficient practice was verified by the maintenance director at the time of the inspection.	K 066			
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 067			

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K 067	<p>Continued From page 4</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, it could not be verified that the facility's general ventilating and air conditioning system (HVAC) is installed in accordance with the LSC, Section 19.5.2.1 and NFPA 90A, Section 2-3.11. A noncompliant HVAC system could affect all residents.</p> <p>Findings include:</p> <p>During the facility tour between 9:15 AM and 10:45 AM on 06/11/2014, observation revealed that the ventilation system for the 1967 corridors appears to be utilizing the egress corridor as an air plenum for the resident rooms.</p> <p>This deficient practice was verified by the maintenance director at the time of the inspection.</p>	K 067	K-067 Plenum Waiver K 84 Attached		



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7013 2250 0001 6356 5187

July 2, 2014

Ms. Patsy Voelker, Administrator
The Villa at Bryn Mawr
275 Penn Avenue North
Minneapolis, Minnesota 55405

Re: Enclosed State Nursing Home Licensing Orders - Project Number S5203023

Dear Ms. Voelker:

The above facility was surveyed on June 9, 2014 through June 13, 2014 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health, Compliance Monitoring Division, noted one or more violations of these rules that are issued in accordance with Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the deficiency within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

The State licensing orders are delineated on the attached Minnesota Department of Health order form (attached). The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

The Villa at Bryn Mawr
July 2, 2014
Page 2

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

When all orders are corrected, the order form should be signed and returned to:

Gloria Derfus, Unit Supervisor
Minnesota Department of Health
P.O. Box 64900
St. Paul, Minnesota 55164-0900
Telephone: (651) 201-3792
Fax: (651) 201-3790

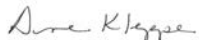
We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,



Anne Kleppe, Enforcement Specialist
Licensing and Certification Program
Division of Compliance Monitoring
Minnesota Department of Health
Email: anne.kleppe@state.mn.us
Telephone: (651) 201-4124 Fax: (651) 215-9697

Enclosure(s)

cc: Original - Facility
Licensing and Certification File

Sheehan, Pat (DPS)

From: Sheehan, Pat (DPS)
Sent: Friday, July 25, 2014 4:05 PM
To: 'rochi_lsc@cms.hhs.gov'
Cc: robert.rexeisen@state.mn.us; 'pvoelker@villahc.com'; Dietrich, Shellae (MDH); 'Fiske-Downing, Kamala'; Henderson, Mary (MDH); 'Johnston, Kate'; Kleppe, Anne (MDH); Leach, Colleen (MDH); Meath, Mark (MDH); Zwart, Benjamin (MDH)
Subject: Villa At Bryn Mawr (245203) 2014 K67 Annual Waiver Request - Previously Approved - No Changes

This is to inform you that Villa At Bryn Mawr is again requesting an annual waiver for K67, corridors as a plenum. The exit date was 6-13-14.

I am recommending that CMS approve this waiver request.

Patrick Sheehan, Fire Safety Supervisor
Office: 651-201-7205 Cell: 651-470-4416
Health Care & Corrections Fire Inspections
Minnesota State Fire Marshal Division Est. 1905
445 Minnesota St., Suite 145, St Paul, MN 55101-5145
FAX: 651-215-0525
Web: fire.state.mn.us

Name of Facility

Villa at Bryn Mawr
275 Penn Avenue North
Minneapolis, Minnesota 55405

2000 CODE

PART IV RECOMMENDATION FOR WAIVER OF SPECIFIC LIFE SAFETY CODE PROVISIONS

For each item of the Life Safety code recommended for waiver, list the survey report form item number and state the reason for the conclusion that: (a) the specific provisions of the code, if rigidly applied, would result in unreasonable hardship on the facility, and (b) the waiver of such unmet provisions will not adversely affect the health and safety of the patients. If additional space is required, attach additional sheet(s).

PROVISION NUMBER(S)	JUSTIFICATION
K84	A. An annual/continuing waiver is being requested for K-067 Compliance with this provision will cause an unreasonable hardship because:
K-067	<p>The building HVAC Equipment does not Comply with LSC (00) Section 9.2 and NFPA 90A 1999 Edition., Because the corridors Are being used as a Plenum.</p> <p>1. The most recent estimate dated, 7/14/2014 for complying ducted HVAC system is \$259,000.00.</p> <p>2. The building electrical system would need to be upgraded to support a new ducted system.</p> <p>3. The ducted system would need to penetrate load bearing walls, decreasing building structural integrity.</p> <p>4. Existing HVAC system has been updated to provide for automated fire dampers in existing duct work behind supply air registers in corridor on each floor for compartmentalization of smoke containment.</p> <p>5. Existing non-compliant HVAC systems can be allowed to continue in use with modifications in #4.</p> <p>6. There are no existing K-017 or K-056 deficiencies barring approval for waiver of K-067.</p> <p>B. There will be no adverse effect on the building occupant's safety because:</p> <p>1. The building is protected by a complete fire sprinkler system that complies with NFPA 13, 199 Edition.</p> <p>2. The existing HVAC system has been modified with fire dampers to eliminate shaft smoke transfer.</p> <p>3. The corridors are equipped with a complying monitored smoke detection system.</p> <p>4. The magnetic release containment corridor doors have been equipped with smoke limiting fire gaskets in all compartments to further restrict the transfer of smoke.</p> <p>5. The facility has obtained an approval plan of correction for any other fire safety deficiencies.</p> <p>6. This annual/continuing waiver has been approved in the past.</p>

Surveyor (Signature)	Title	Office	Date
Fire Authority Official (Signature)	Title	Office	Date



Gilbert Mechanical Contractors, Inc
Gilbert Electrical Technologies
4451 West 76th Street
Minneapolis, MN 55435
Phone: (952) 835-3810
Fax: (952) 835-4765

HVAC • Plumbing • Electrical • Controls • Fire Protection • Service			
Company:	Bryn Mawr Health Care	Date:	07/14/14
Street:	275 Penn Avenue	Project:	Bryn Mawr Health Care – Ducted
City/State:	Minneapolis, MN		Fresh Air to Resident Rooms – Station 1 & 2 North & South Wings
ATTN:	Craig Nicholson	Pages	2

Proposal

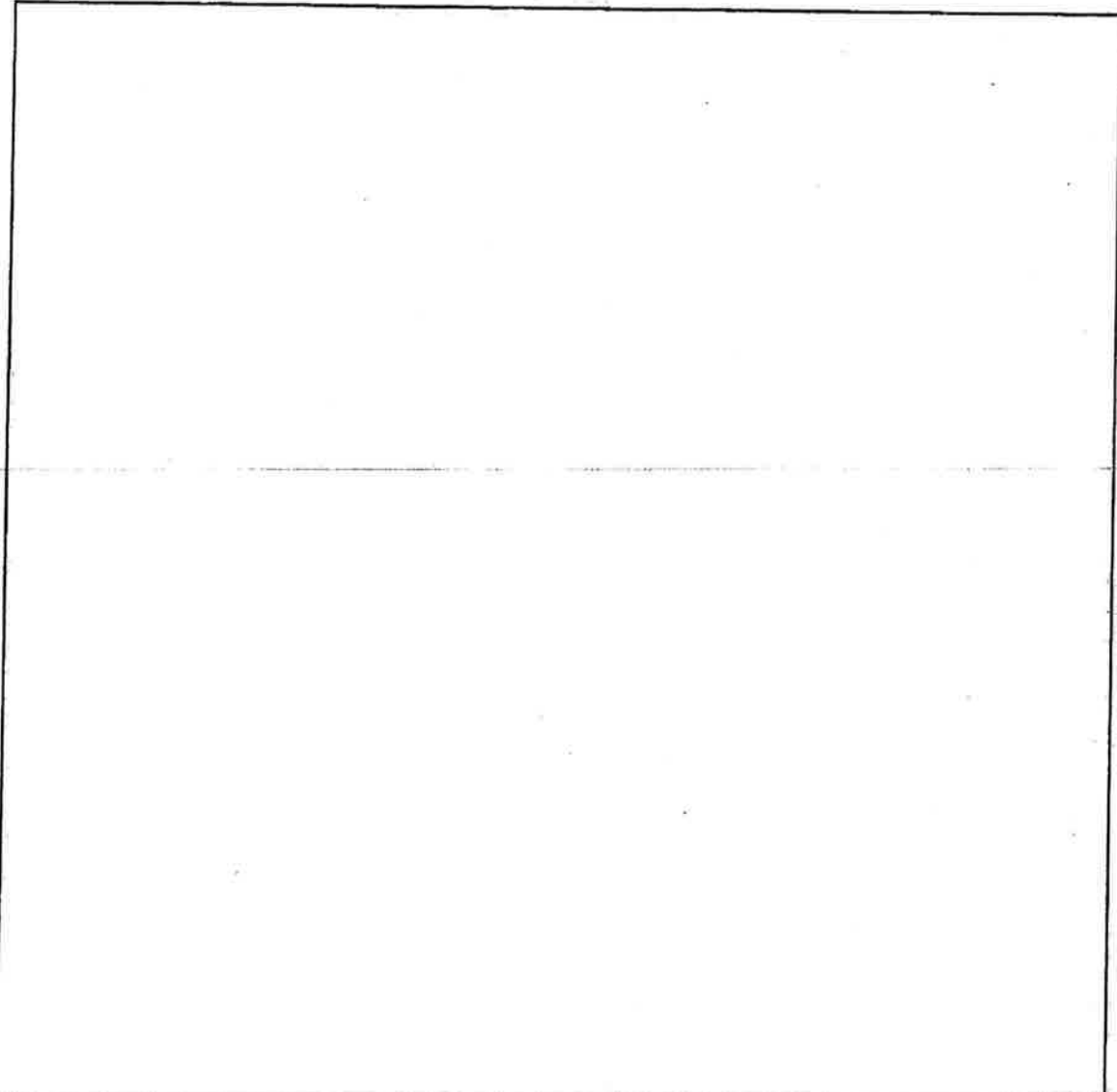
Gilbert Mechanical Contractors will provide the necessary labor and materials to complete the following at 275 Penn Avenue in Minneapolis:

Installation of two 9 ton Aaon heat/cool 100% outside air roof top units and associated air distribution ductwork to directly serve air to resident rooms. Station 1 and station 2 south wings would be served by one roof top unit. Station 1 and station 2 north wings would be served by the second roof top unit. We are delivering air to a total of 38 resident rooms and the associated corridors for these stations beyond the fire doors. Ductwork will be run on the roof and penetrate above resident rooms and corridors. Ductwork will run through roof to a register in the second floor resident room and continue through a fire damper at the floor to a register in the first floor resident room. Two diffusers will be added to the corridors on each floor of the 4 wings. The installation of these systems will achieve 2 air changes of fresh air per hour in the resident rooms and 4 total air changes per hour in the corridor. Work specifically includes: 2 new Aaon double wall construction 100% outside air heat/cool roof top units, roof top unit curbs, duct penetration curbs, duct support bucks, roofing for all duct roof curbs, core drilling and saw cutting of holes through roof and floors, double wall insulated ductwork on roof, single wall externally insulated ductwork inside space, supply air registers & diffusers, fire dampers at penetrations through first floor ceiling, gas piping to new units, power wiring from main panel, discharge air temp control with space temperature override, control wiring, smoke detector inside unit, crane, professional mechanical engineering, drawing, labor, material, taxes, check/test/start, air balance and one year warranty

Amount: \$259,000.00 (budget price)

Add: \$1,300.00 to \$3,800.00 for structural engineering. Considering the unique design of the roof and floor, we recommend that structural engineering is performed in connection with the holes and roof top placements.

Add: \$14,000.00 (rough approximate price) to have a general contractor install sheet rock enclosures around each of approximately 14 vertical ducts in the resident rooms as a result of this project. You may also want to have a contingency fund for patching and painting at penetrations (approximately \$5,000.00?)



Exclusions:

Work to be performed during normal working hours.
We have not included any asbestos abatement.
Existing AC and Heat system for the hallways will remain in place.
Pricing is based on 2014 installation costs.

Payment Terms: Project will be invoiced monthly as work progresses. Invoice terms are net 30 days.

Proposed By:
Gilbert Mechanical Contractors, Inc.

Accepted By:

 Date: 7/14/14

Date: _____

Ed Dahlgren
Vice President, PE

Print Name: _____