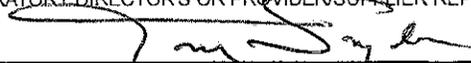


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2014
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NAME OF PROVIDER OR SUPPLIER AVERA MOTHER JOSEPH MANOR RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 NORTH JAY STREET ABERDEEN, SD 57401
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F 000	INITIAL COMMENTS Surveyor: 32331 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 10/27/14 through 10/30/14. Areas surveyed included pharmaceutical services, accidents, and resident assessments. Avera Mother Joseph Manor Retirement Community was found not in compliance with the following requirements: F250, F279, F281, and F323.	F 000	<i>Addendums noted with an asterisk per 10/14/14 telephone to facility DON. JTT000HIME</i>	
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: Surveyor: 32335 Based on record review, interview, and job description review, the provider failed to ensure medically necessary social services had been completed for one of one sampled resident (1) who had dementia. Findings include: 1. Review of resident 1's 8/4/14 Care Area Assessment (CAA) revealed psychosocial well-being and communication had been identified as areas of concern. Review of resident 1's current care plan revealed: *A problem area for "altered mood and state evidenced by episodes of restlessness causing	F 250	Policy N-250 "Care Planning" was reviewed. Resident #1's care plan was reviewed and revised by the Licensed Social Worker to include social service interventions. To identify other residents at risk: The Licensed Social Worker will be notified of any resident condition change by resident care supervisors. The Licensed Social Worker will attend monthly Fall Committee meetings. The Licensed Social Worker will attend daily line up nursing staff	12/19/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrative</i>	(X6) DATE <i>11/24/14</i>
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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

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FORM APPROVED
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F 250	<p>Continued From page 1</p> <p>increased confusion - habit of picking at face and head and difficult to re-direct." *Interventions included one-to-one visits with all departments and a psychological consult.</p> <p>Review of resident 1's medical record revealed: *She had a diagnosis of dementia (the loss of mental functions such as thinking, memory, and reasoning that is severe enough to interfere with a person's daily functioning) and had declined. *She had been identified to be at risk for falling. *She had unwitnessed falls on 4/11/14 and 4/26/14. *She had a witnessed fall on 4/29/14. *She had used a walker prior to the 4/11/14 fall but was currently using a wheelchair. *There had been no documented interventions provided by the licensed social worker regarding the above mentioned areas of concern.</p> <p>Interview on 10/28/14 at 2:10 p.m. with the licensed social worker revealed: *She was involved in resident care conferences and documented those interactions. *She had not been involved with the concerns listed above for resident 1. *She had been doing admissions since approximately January 2014 due to a coworker resigning and not having the position filled. *She could not locate any documentation regarding resident 1 other than the care conference notes.</p> <p>Review of the provider's July 2014 social worker job description revealed: **The main focus of the social worker is to assist in meeting the psychosocial continuum of care (gradual change from one condition to another) needs of the resident to ensure optimum</p>	F 250	<p>meetings.</p> <p>When psychosocial well being and/or communication triggers on a resident's CAA it will be care planned by the Licensed Social Worker. Licensed Social Worker will document interventions in the medical record. * all JT/SDDH/MF</p> <p>Monthly audits of care plans for residents identified at risk will be completed by the [REDACTED] to assure psychosocial and/or communication needs are met.</p> <p>Audits will be reported quarterly to the QA Committee by the Facility's [REDACTED] or designee until advised to discontinue by the committee.</p> <p>* ADDN or designee JT/SDDH/MF * ADDN JT/SDDH/MF</p>	

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F 250	Continued From page 2 functioning. *He/She is to arrange for the meeting of these needs through Social Service programming and appropriate referrals to outside Social Service agencies, community resources and professional services. *Review and revise, as necessary, the plan for Social Services intervention. *Timely documentation of assessments, Social Service interventions, etc. in the resident's record. *Promotes, adheres to and supports residents' rights."	F 250			
F 279 SS=E	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced	F 279	Policy N-250 "Care Planning" was reviewed. Residents 1, 2, and 3's care plans were reviewed and updated to address identified physical, mental and psychosocial needs. Each resident's care plan will be reviewed and updated as necessary to ensure physical, mental and psychosocial needs are met. A discontinued notation will be put next to all discontinued interventions. Interventions requiring documentation will be placed on resident status board, in the electronic medical record (EMR).	12/19/14	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 279	Continued From page 3 by: Surveyor: 33265 Surveyor: 32335 Based on observation, record review, interview, and policy review the provider failed to revise and update care plans for three of three sampled residents (1, 2, and 3) who had multiple falls. Findings include: 1. Review of resident 1's medical record revealed: *She had a diagnosis of dementia (the loss of mental functions such as thinking, memory, and reasoning that is severe enough to interfere with a person's daily functioning) and had declined. *She had been identified to be at risk for falling. *She had unwitnessed falls on 4/11/14 and 4/26/14. *She had a witnessed fall on 4/29/14. *She had used a walker prior to the 4/11/14 fall but was currently using a wheelchair. Random observations from 10/27/14 through 10/29/14 of resident 1 revealed: *She had used a wheelchair with staff assistance to move around the building. *Staff had to feed her at meals. *She was unable to answer questions from this surveyor. *She had been in her room in front of the television when not at meals. Review of resident 1's 8/4/14 Care Area Assessment (CAA) revealed falls had been identified as a concern. Review of resident 1's current care plan revealed: *There had not been a separate problem area for	F 279	Education on policy N-250, "Care Planning," will be provided to Care Plan Team members, nurses, and certified nurse assistants by 11/25/14. Education will include documenting interventions to prevent falls. * ten JTS/DDH/MF Monthly audits of Care Plans will be completed by ADON or designee to assure current interventions are in place and documented in the EMR. Audits will be reported quarterly by the ADON or designee until advised to discontinue reporting by the QA committee.	

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F 279	Continued From page 4 falls. *They had incorporated falls under the problem area of impaired activities of daily living function/potential for injury. *Twelve out of thirteen fall interventions had been put into place after the resident had fallen. -"4/30/14 - to have close supervision when in activities, when in room transfer from w/c [wheelchair] to chair, use sensor pad in w/c and chair, and when in easy chair in room place walker in front of her." -"4/29/14 - fall follow up - anti roll back brakes on w/c." -"4/26/14 - fall follow up - interventions reviewed - continue same - mobility alarm when in w/c and in chair in room." -"4/11/14 - fall follow up - continue same interventions." -"12/23/13 - fall follow up, continue same interventions." -"11/01/13 - fall follow up - continue to check on frequently when she is in room." -"1/21/13 - fall follow up - assure things she needs are in easy reach, falling leaf (dc'd [discontinued] 3/14/13." -"1/10/13 - fall follow up - when resident is noted ambulating, assure walker brakes are off and may need SBA with ambulation." -"9/19/12 - staff to assist her when sitting in DR [dining room] chair." -"9/19/12 - post fall review, continue same." -"1/7/12 - fall follow up - assure pathway is free of clutter - monitor gait." -"1/3/12 - fall follow up - have walker within reach and remind to use." -"9/13/11 - fall follow up - have her sit on bed when being assisted with dressing. 1) keep pathway free of clutter and well lit. 2) needs reminders to use walker with ambulation. 3) if	F 279		

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

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F 279	<p>Continued From page 5</p> <p>noted to be restless provide distraction activity - enjoys reading in room, listen to music. 4) assist to activity and inform staff of whereabouts." *There had been no added interventions from 12/23/13 to 4/11/14 when she had fallen. *No interventions had been put into place regarding her dementia affecting her mobility.</p> <p>Surveyor: 33265 2. Random observations from 10/27/14 through 10/29/14 of resident 2 revealed she: *Moved herself throughout the facility using a wheelchair. *Spent the majority of her time outside of her room at the dining room table. *Preferred to keep her room door closed when she was in the room. *Was unable to answer questions from this surveyor.</p> <p>Review of resident 2's complete medical record revealed there had been six falls since April 2014. Fall records from April 2014 through September 2014 included the following information: *4/8/14 at 1:45 a.m.: -Slipped on way to bathroom, landed on left arm, and hit head. -Pain and swelling noted. -Neuros (assessment of nerve functioning) good. -Vitals (heart beat, breathing, temperature) stable. -Recommended non-slip stockings. -Resident sent to emergency room for left shoulder pain where she was found to have a fractured left humerus (upper arm bone). *5/25/14 at 8:00 p.m.: -Found on the floor on her left side. -No new injuries. -Encourage resident to use call light and increase</p>	F.279		
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F-279	<p>Continued From page 6</p> <p>monitoring were recommended changes.</p> <p>*6/6/14 time not documented: -Found flat on back on floor and was not sure what happened. -Complained of back pain. -Recommended and placed sensor pads in bed.</p> <p>*7/6/14 at 8:00 p.m.: -Found on floor. Stated she was trying to put her shoes on. -Bed sensor alarm had not alarmed. Battery not working.</p> <p>*7/12/14 at 5:00 p.m.: -No description of fall events documented. -Resident was confused. -Recommended call light within resident reach, and reminding resident to use call light. -No documentation as to sensor alarm working or not working.</p> <p>*9/8/14 at 4:02 a.m.: -Resident found on floor. She slipped out of bed. -Recommended increased monitoring. -No documentation as to sensor alarm working or not working.</p> <p>Resident 2's 10/20/14 interdisciplinary care plan revealed: *High risk for falls. *Fall on 4/8/14 lists recommendation as to "encourage to leave door open to room when she is in the room." No mention of non-slip stocking use. *Fall on 5/25/14 stated "interventions reviewed - continue same." Nothing about the call light location was included. *Fall on 6/6/14 listed a sensor alarm to be used in wheelchair, chair, and bed. *Fall on 7/6/14 stated to change battery in sensor alarm. Noted to ensure alarm on and working every day. No further documentation that showed</p>	F 279		
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 279	<p>Continued From page 7</p> <p>alarm battery was checked daily was found or provided.</p> <p>*Fall on 7/12/14 stated "interventions reviewed-continue same." Nothing about the call light location was included.</p> <p>*Fall on 9/8/14 stated "interventions reviewed-continue same." There was nothing about increasing monitoring of the resident.</p> <p>Review of resident 2's 4/25/14 Care Area Assessment (CAA) revealed the following areas were identified as concerns:</p> <p>*Cognitive loss (ability to think and reason).</p> <p>*Activities of daily living.</p> <p>*Urinary incontinence (unintentional loss of urine).</p> <p>*Falls.</p> <p>*Nutritional status.</p> <p>*Dehydration/fluid maintenance.</p> <p>*Pressure ulcers (inflammation, sore, open wound that forms whenever prolonged pressure is applied to skin covering a bony area of the body).</p> <p>*Pain.</p> <p>Interview on 10/29/14 at 3:30 p.m. with RN B revealed resident 2:</p> <p>*Had frequent falls.</p> <p>*Tried to remain as independent as possible.</p> <p>*Wanted the door to her room closed.</p> <p>*Had declined when thickened liquids were started and had improved since liquids were no longer thickened.</p> <p>-She thought the decline had contributed to frequent falls.</p> <p>Surveyor: 32335</p> <p>3. Review of resident 3's medical record revealed:</p> <p>*She had been at risk for falls.</p> <p>*She had an unwitnessed fall on 6/19/14 and was</p>	F 279		
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F 279	<p>Continued From page 8</p> <p>sent to the emergency room.</p> <p>- "Monitor elder safe in bed at hs [bedtime] and assist as needed" had been added to the initial fall report.</p> <p>- That had not been added to the care plan.</p> <p>*She had an unwitnessed fall on 8/18/14.</p> <p>- "Elder reminded to use call light and ask for assistance" had been added to the initial fall report.</p> <p>- That had not been added to the care plan.</p> <p>Review of resident 3's 10/23/14 CAA revealed falls had been identified as a concern.</p> <p>Review of resident 3's current care plan revealed: *A goal to prevent falls with the following interventions: - "7/29/13 post fall review, continue same." - "6/27/12 post fall review, continue same. 1) w/c for locomotion for long distance or when she doesn't want to walk with staff. 2) uses walker with assist to walk to and from meals and activities as she wishes." - "Assure that glasses are clean and worn by resident. Resident has right sided neglect when ambulating." *There had been no fall interventions listed in 2014.</p> <p>4. Interview and record review on 10/29/14 at 10:25 a.m. with resident care coordinator B for the Boardwalk and Cedar halls revealed: *She had not discontinued items on care plans, because they wanted to have a list of interventions attempted. *The care plans were hard to read with the interventions listed since some were not applicable even though they had not been discontinued.</p>	F 279			

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F 279	Continued From page 9 *The above issues for resident 1 should have been care planned. Interview and record review on 10/29/14 at 4:00 p.m. with resident care coordinator A for the Abby and Dakota halls revealed the care plans had not been updated to reflect the above areas addressed for resident 3. 5. Review of the provider's June 2012 Care Planning policy revealed: *The interdisciplinary team should have completed the comprehensive assessments and evaluated the identified areas of concern. *The care plan should have consisted of long and short term problems/needs. *A Kardex contained the care plan problems/needs on the front of the care plan. *The information should have been written in pencil and erased as appropriate.	F 279			
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Surveyor: 32335 A. Based on record review, interview, and policy review, the provider failed to clarify physician's orders and to obtain a stop date for one of one sampled residents (1) receiving a narcotic medication (drugs that dull the sense of pain and cause drowsiness or sleep). Findings include: 1. Review of resident 1's medical record	F 281	Policy 1901 "Pharmaceutical Services" was reviewed and revised to include revision of stop orders for medications. Resident #1's medication record was reviewed. Tylenol #3 was discontinued by primary care provider on 05/07/14. Education on policy 1901 "Pharmaceutical Services" and policy	12/19/14	

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F 281	<p>Continued From page 10</p> <p>revealed:</p> <ul style="list-style-type: none"> *She had a diagnosis of dementia (the loss of mental functions such as thinking, memory, and reasoning that is severe enough to interfere with a person's daily functioning). *She had unwitnessed falls on 4/11/14 and 4/26/14. *She had a witnessed fall on 4/29/14. *On 4/15/14 she had been sent to the emergency room due to pain. *After that visit on 4/15/14 a physician's order had been obtained for the following: <ul style="list-style-type: none"> -Acetaminophen/Codeine (Tylenol #3) 300 milligrams (mg)/30 mg tablet. -Twelve tablets had been dispensed. -One tablet orally four times per day as needed (PRN). -Zero refills were allowed. -There was no order when to stop the medication. <p>Review of resident 1's 4/1/14 through 4/30/14 medication administration record revealed:</p> <ul style="list-style-type: none"> *The Acetaminophen/Codeine had been given as follows: <ul style="list-style-type: none"> -One time on 4/15/14 and one time on 4/16/14. -Zero time on 4/17/14. -Two times on 4/18/14, 4/19/14, and 4/20/14. -Zero time on 4/21/14. -One time on 4/22/14, 4/23/14, and 4/24/14. <p>Review of resident 1's medical record revealed a refill for the Acetaminophen/Codeine had been obtained on 4/23/14 and again on 5/5/14.</p> <p>Interview and policy review on 10/29/14 at 4:50 p.m. with the director of nursing revealed they had not followed their policy. They had not obtained a stop order after three days of administering the medication.</p>	F 281	<p>N 252 "Pain Management Protocol" will be provided to nurses by 11/25/14.</p> <p>Monthly audits of 15 residents on narcotics will be completed by ADON or designee to assure pain management assessments are completed and physicians are notified if drug regimen appears ineffective.</p> <p>Audits will be reported quarterly to the QA Committee by ADON or designee until advised to discontinue by the committee.</p>		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2014
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F 281	Continued From page 11 Surveyor: 33265 Review of the provider's April 2013 Pharmaceutical Services policy revealed: *When narcotics (Tylenol #3) were ordered the charge nurse was to have asked the physician to identify the length of time the drug was to be used. *A stop order for three days of use would have gone into effect for narcotics if the physician had not identified the length of time the drug was to be used. *The attending physician was to have been notified of the stop orders by the charge nurse for possible renewals to provide uninterrupted therapeutic treatment.	F 281		
F 323 SS=E	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: Surveyor: 33265 Surveyor: 32335 Based on observation, record review, interview, and policy review, the provider failed to: *Ensure appropriate interventions were put in place to prevent falls for three of three sampled residents (1, 2, and 3) with multiple falls.	F 323	Policy N-559 "Accident, Falls and Safety" was revised. Residents 1, 2, and 3's care plans were reviewed and revised to include interventions currently in use to prevent falls. Each resident identified at risk for fall at admit, with a change of condition, at quarterly assessment, or with history of previous falls will have care plan reviewed/revised to include interventions currently in use to prevent falls. Review of care plans and interventions will be completed at monthly fall committee meetings to ensure appropriate fall prevention	12/19/14

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F 323	<p>Continued From page 12</p> <p>*Complete pain and neurological (monitors vital signs, pupil reaction, consciousness, and responsiveness) assessments as needed after unwitnessed falls for two of three sampled residents (1 and 3). Findings include:</p> <p>1. Random observations from 10/27/14 through 10/29/14 of resident 1 revealed: *She had used a wheelchair with staff assistance to move around the building. *Staff had to feed her at meals. *She was unable to answer questions from this surveyor.</p> <p>Review of resident 1's medical record revealed: *She had a diagnosis of dementia (the loss of mental functions such as thinking, memory, and reasoning that is severe enough to interfere with a person's daily functioning). *She had been identified as being at risk for falling. *She had unwitnessed falls on 4/11/14 and 4/26/14. -Pain assessments and neurological assessments had not been done after those two falls. *She had a witnessed fall on 4/29/14. *She had used a walker prior to the 4/11/14 fall. *She had x-rays done on 5/16/14 that showed "age-indeterminate mild compression fractures."</p> <p>Review of resident 1's 1/24/14 Minimum Data Set (MDS) assessment revealed: *Her thinking ability had been severely impaired. *She needed limited assistance from one staff person to walk in the corridor. *She needed extensive assistance from one staff person to:</p>	F 323	<p>interventions are in place.</p> <p>Education will be provided to nursing staff on the following by 11/25/14.</p> <ol style="list-style-type: none"> 1.) Policy N-559, "Accident, Falls and Safety" 2.) Fall follow up process to include pain assessments and neurological assessments. 3.) Documentation that appropriate fall prevention interventions are completed. <p>Monthly audits will be completed by ADON or designee for fall follow ups to identify that pain and/or neurological assessments were completed, if appropriate. Audits will also include the review of care plans to ensure appropriate problem areas and interventions are in place.</p> <p>Audits will be reported quarterly to the QA Committee by ADON or designee until advised to discontinue by the committee.</p>	

** All
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F 323	<p>Continued From page 13</p> <ul style="list-style-type: none"> -Move in bed. -Transfer. -Walk in her room. -Dress. -Eat. -Bath. <p>Review of resident 1's 4/29/14 MDS assessment revealed: *There had been two changes from the above MDS assessment areas as follows: -She needed extensive assistance from one staff person to walk in the corridor. -She needed total assistance from one staff person to bath.</p> <p>Review of resident 1's 7/25/14 MDS assessment revealed: *There had been one change from the above MDS assessment areas: -She had only walked in her room and in the corridor one or two times with the assistance of one staff person. *Falls had been identified as an area of concern.</p> <p>Review of resident 1's current care plan revealed: *There had not been a separate problem area for falls. *They had incorporated falls under the problem area of impaired activities of daily living function/potential for injury. *Twelve out of thirteen fall interventions had been put into place after the resident had fallen. -"4/30/14 - to have close supervision when in activities, when in room transfer from w/c [wheelchair] to chair, use sensor pad in w/c and chair, and when in easy chair in room place walker in front of her." -"4/29/14 - fall follow up - anti roll back brakes on</p>	F 323		

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

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F 323	<p>Continued From page 14 w/c." -4/26/14 - fall follow up - interventions reviewed - continue same - mobility alarm when in w/c and in chair in room." -4/11/14 - fall follow up - continue same interventions." -12/23/13 - fall follow up, continue same interventions." -11/01/13 - fall follow up - continue to check on frequently when she is in room." -1/21/13 - fall follow up - assure things she needs are in easy reach, falling leaf (dc'd [discontinued] 3/14/13." -1/10/13 - fall follow up - when resident is noted ambulating, assure walker brakes are off and may need SBA with ambulation." -9/19/12 - staff to assist her when sitting in DR [dining room] chair." -9/19/12 - post fall review, continue same." -1/7/12 - fall follow up - assure pathway is free of clutter - monitor gait." -1/3/12 - fall follow up - have walker within reach and remind to use." -9/13/11 - fall follow up - have her sit on bed when being assisted with dressing. 1) keep pathway free of clutter and well lit. 2) needs reminders to use walker with ambulation. 3) if noted to be restless provide distraction activity - enjoys reading in room, listen to music. 4) assist to activity and inform staff of whereabouts." *There had been no added interventions from 12/23/13 to 4/11/14 when she had fallen. *No interventions had been put into place regarding her dementia affecting her mobility.</p> <p>Review of resident 1's 4/11/14 fall follow-up computerized form revealed: *The fall had been unwitnessed. *They had answered yes for new onset of pain</p>	F 323		

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

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F 323	<p>Continued From page 15 and stated "difficult to assess."</p> <p>Interview on 10/29/14 at 8:45 a.m. with the director of nursing regarding resident 1 revealed: *She was uncomfortable answering questions regarding the specific falls and directed this surveyor to speak with resident care coordinator B. *Neurological assessments should have been completed for the two unwitnessed. *Pain assessments should have been completed for resident 1 as she was unable to explain what had happened after the fall on 4/11/14.</p> <p>Interview on 10/29/14 at 10:25 a.m. with resident care coordinator B regarding resident 1 revealed: *All the fall interventions had been implemented after the falls had occurred. *Keeping the pathway free from clutter was an intervention they used on a daily basis for all residents. *Her dementia had declined, but they had not addressed that on the care plan. *They had attempted therapy after the falls had occurred, but she was unable to complete the tasks due to her dementia. *The neurological assessments should have been completed after the unwitnessed falls. *When staff had answered yes to new onset of pain on the fall follow-up form a pain assessment should have been completed but was not.</p> <p>Surveyor: 33265 2. Random observations from 10/27/14 through 10/29/14 of resident 2 revealed she: *Moved herself throughout the facility using a wheelchair. *Spent the majority of her time outside of her room at the dining room table.</p>	F 323		

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

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F 323	<p>Continued From page 16</p> <p>*Preferred to keep her room door closed when she was in the room.</p> <p>*Was unable to answer questions from this surveyor.</p> <p>Review of resident 2's complete medical record revealed there had been six falls since April 2014. Fall records from April 2014 through September 2014 included the following information:</p> <p>*4/8/14 at 1:45 a.m.:</p> <ul style="list-style-type: none"> -Slipped on way to bathroom, landed on left arm, and hit head. -Pain and swelling noted. -Neuros (assessment of nerve functioning) good. -Vitals (heart beat, breathing, temperature) stable. -Recommended non-slip stockings. -Resident sent to emergency room for left shoulder pain where she was found to have a fractured left humerus (upper arm bone). <p>*5/25/14 at 8:00 p.m.:</p> <ul style="list-style-type: none"> -Found on the floor on her left side. -No new injuries. -Encourage resident to use call light and increase monitoring were recommended changes. <p>*6/6/14 time not documented:</p> <ul style="list-style-type: none"> -Found flat on back on floor and was not sure what happened. -Complained of back pain. -Recommended and placed sensor pads in bed. <p>*7/6/14 at 8:00 p.m.:</p> <ul style="list-style-type: none"> -Found on floor. Stated she was trying to put her shoes on. -Bed sensor alarm had not alarmed. Battery not working. <p>*7/12/14 at 5:00 p.m.:</p> <ul style="list-style-type: none"> -No description of fall events documented. -Resident was confused. -Recommended call light within resident reach, 	F 323		

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

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FORM APPROVED
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F 323	<p>Continued From page 17.</p> <p>and reminding resident to use call light.</p> <p>-No documentation as to sensor alarm working or not working.</p> <p>*9/8/14 at 4:02 a.m.:</p> <p>-Resident found on floor. She slipped out of bed.</p> <p>-Recommended increased monitoring.</p> <p>-No documentation as to sensor alarm working or not working.</p> <p>Resident 2's 10/20/14 interdisciplinary care plan revealed:</p> <p>*High risk for falls.</p> <p>*Fall on 4/8/14 lists recommendation as to "encourage to leave door open to room when she is in the room." No mention of non-slip stocking use.</p> <p>*Fall on 5/25/14 stated "interventions reviewed - continue same." Nothing about the call light location was included.</p> <p>*Fall on 6/6/14 listed a sensor alarm to be used in wheelchair, chair, and bed.</p> <p>*Fall on 7/6/14 stated to change battery in sensor alarm. Noted to ensure alarm on and working every day. No further documentation that showed alarm battery was checked daily was found or provided.</p> <p>*Fall on 7/12/14 stated "interventions reviewed-continue same." Nothing about the call light location was included.</p> <p>*Fall on 9/8/14 stated "interventions reviewed-continue same." There was nothing about increasing monitoring of the resident.</p> <p>Review of resident 2's 4/25/14 Care Area Assessment (CAA) revealed the following areas were identified as concerns:</p> <p>*Cognitive loss (ability to think and reason).</p> <p>*Activities of daily living.</p> <p>*Urinary incontinence (unintentional loss of urine).</p>	F 323			

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

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F 323	<p>Continued From page 18</p> <ul style="list-style-type: none"> *Falls. *Nutritional status. *Dehydration/fluid maintenance. *Pressure ulcers(inflammation, sore, open wound that forms whenever prolonged pressure is applied to skin covering a bony area of the body). *Pain. <p>Interview on 10/29/14 at 3:30 p.m. with RN B revealed resident 2:</p> <ul style="list-style-type: none"> *Had frequent falls. *Tried to remain as independent as possible. *Wanted the door to her room closed. *Had declined when thickened liquids were started and had improved since liquids were no longer thickened. -She thought the decline had contributed to frequent falls. <p>Surveyor: 32335</p> <p>3. Review of resident 3's medical record revealed:</p> <ul style="list-style-type: none"> *She had been at risk for falls. *She had an unwitnessed fall on 6/19/14 and was sent to the emergency room. - "Monitor elder safe in bed at hs [bedtime] and assist as needed" had been added to the initial fall report. -That had not been added to the care plan. *She had an unwitnessed fall on 8/18/14. - "Elder reminded to use call light and ask for assistance" had been added to the initial fall report. -That had not been added to the care plan. <p>Review of resident 3's current care plan revealed:</p> <ul style="list-style-type: none"> *A goal to prevent falls with the following interventions: - "7/29/13 post fall review, continue same." 	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 323	<p>Continued From page 19</p> <p>-"6/27/12 post fall review, continue same. 1) w/c. for locomotion for long distance or when she doesn't want to walk with staff. 2) uses walker with assist to walk to and from meals and activities as she wishes."</p> <p>-"Assure that glasses are clean and worn by resident. Resident has right sided neglect when ambulating."</p> <p>*There had been no fall interventions listed in 2014.</p> <p>Interview on 10/29/14 at 2:45 p.m. with resident care coordinator A revealed: *They had a falls committee that met and reviewed falls that had occurred. *She agreed the interventions in place for resident 3 had not been preventative.</p> <p>4. Further review of resident 1 and resident 3's above falls revealed there was no evidence they had evaluated/investigated: *When was the last time the residents had been toileted. *When was the last time the residents had been repositioned. *What medications could have contributed to the falls. *Was the call light within reach each time they had fallen. *Who the staff person was that was responsible for the residents at the time they had fallen.</p> <p>5. Review of the provider's February 2014 Accidents, Falls, and Safety policy revealed: *An individualized plan of care would be developed and implemented for residents at risk for falling. *Staff should have documented the fall and any intervention changes on the care plan.</p>	F 323		

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

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F 323	Continued From page 20 *If the resident had struck their head during the fall or staff had suspected the resident had struck their head a neurological assessment should have been completed for twenty-four hours. *The policy had not addressed unwitnessed falls or completing pain assessments.	F 323		