

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 02/02/2012
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NAME OF PROVIDER OR SUPPLIER  MORNING POINTE OF FRANKLIN	STREET ADDRESS, CITY, STATE, ZIP CODE 75 S MILFORD DR FRANKLIN, IN 46131
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R0000	<p>This visit was for the Investigation of Complaints IN00102658 and IN00103237.</p> <p>Complaint IN00102658 - Substantiated. No State deficiencies related to the allegations are cited.</p> <p>Complaint IN00103237 - Substantiated. State deficiencies related to the allegations are cited at R0006, R0036, R0052, R0148, and R0217.</p> <p>Unrelated deficiency cited.</p> <p>Dates of Survey: January 31, 2012 and February 1 &amp; 2, 2012</p> <p>Facility number: 002858 Provider number: 002858 AIM number: N/A</p> <p>Survey Team: Mary Jane G. Fischer, RN</p> <p>Census bed type: Residential: 52 Total: 52</p> <p>Census payor type: Other: 52 Total: 52</p>	R0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Sample: 6</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on February 8, 2012 by Bev Faulkner, RN</p>			
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R0006	<p>410 IAC 16.2-5-0.5(f)(1-5) Scope of Residential Care - Deficiency (f) The resident must be discharged if the resident:</p> <p>(1) is a danger to the resident or others; (2) requires twenty-four (24) hour per day comprehensive nursing care or comprehensive nursing oversight; (3) requires less than twenty-four (24) hour per day comprehensive nursing care, comprehensive nursing oversight, or rehabilitative therapies and has not entered into a contract with an appropriately licensed provider of the resident ' s choice to provide those services; (4) is not medically stable; or (5) meets at least two (2) of the following three (3) criteria unless the resident is medically stable and the health facility can meet the resident ' s needs: (A) Requires total assistance with eating. (B) Requires total assistance with toileting. (C) Requires total assistance with transferring.</p> <p>Based on record review and interview, the Administrative staff failed to ensure the facility policy was followed in regard to placement; in that when the nursing staff was unable to supervise residents with wandering behaviors, the Administrative staff allowed the residents to maintain residency for 3 of 3 residents reviewed for exit seeking and wandering behaviors in a sample of 6.</p> <p>This deficient practice resulted in one resident exiting the facility during the middle of the night and found deceased due to exposure. [Residents "C", "D" and</p>	R0006	<p>1. Resident C is deceased. Resident D was transferred to the secure unit on 11/12/2011. Resident E was transferred to the secure unit on 1/30/2012. 2. The Corporate Resident Services Director, RN is currently in the process of assessing each facility resident. Assessments include performing an Elopement Risk Assessment and an Admission &amp; Quarterly Service Assessment in order to identify the level of each resident's service needs and ascertain the facility ability to meet the needs of each resident. When/if a resident scores greater than 35 on the Elopement Risk</p>	02/29/2012			

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	<p>"E"].</p> <p>Findings include:</p> <p>1. The record for Resident "C" was reviewed on 01-31-12 at 12:00 p.m. Diagnoses included but were not limited to Alzheimer's dementia and cerebral vascular accident. These diagnoses remained current at the time of the record review.</p> <p>Review of the pre-admission "interviewing worksheet," dated 01-03-12 and completed by the Resident Services Director, employee #2, indicated the following: "Long Term Needs (explicit needs): Alz. [Alzheimer's] Dx. [Diagnosis], walking and standing. "Current location: with [family member]. Wandering at night."</p> <p>Review of the "Pre-Admission Assessment Form, dated 01-04-12, indicated the resident required glasses, was able to transfer self from bed and the "interviewer recommended admission - needs Lantern [secured dementia unit] placements [sic] ASAP [as soon as possible]."</p> <p>The record indicated the resident was admitted to the facility as "respite" status.</p>		<p>Assessment, the facility will initiate measures to provide for constant observation of the resident until such time as the resident is discharged, transferred or a temporary cognition issue is resolved/reversed. Such measures may include the use of private duty sitters. For individuals scoring above 35 on the Elopement Risk Assessment or above 85 on the Service Assessment, family conferences will be scheduled to begin the process of an interfacility or intrafacility discharge/transfer with appropriate assistance and written notices provided to all concerned. Residents unable to meet the state mandated eligibility standards will be discharged or transferred as expeditiously as possible.</p> <p><b>Describe the range or interpretation of the scores for the Elopement Risk Assessment and the Service Assessment.</b></p> <p>Elopement Risk Assessment: 25 – 30 = Re-assess in 3 months or if new behaviors occur 31 – 35 = Contact Regional Vice President. Increase PCA checks, contact family physician for discussion 36+ = High risk for elopement. Transfer to secure unit, discharge or set up 24-hour sitters</p> <p>Service Assessment:</p>				

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	<p>The Admission Service Assessment, dated 01-04-12, indicated the resident was independent with ambulation, transfers, nutrition, but required moderate assistance with dressing/undressing, needs staff for all aspects of bathing, reminders for toileting, needs close monitoring related to cognitive status, frequent redirection (3 or more times per day), and was a wanderer." This assessment was signed by the Resident Services Director on 01-04-12, the Executive Director on 01-05-12 and the family member on 01-06-12.</p> <p>Review of the History and Physical, dated 01-06-12, confirmed the resident was assessed with SDAT [senile dementia Alzheimer's type].</p> <p>The nursing "Monthly Wellness Assessment," dated 01-06-12, indicated the resident had fallen "1 week ago - lost balance while turning and sustained bruising to the left hip, had difficulty resting and awakens frequently."</p> <p>A review of the 24 hour report book indicated the resident was "confused [01-06-12]," "up at 3:00 a.m. [01-08-12]," "confused [01-13-12]."</p> <p>When interviewed on 02-01-12 at 10:00 a.m., the Executive Director indicated the</p>		<p>85 and above = Assess resident to determine if they meet state criteria to remain in the community. The community will not retain a resident who:</p> <ol style="list-style-type: none"> <li>1. Is a danger to himself/herself or others</li> <li>2. Requires twenty-four (24) hour per day comprehensive nursing care or comprehensive nursing oversight</li> <li>3. Requires less than twenty-four hour per day comprehensive nursing care, comprehensive nursing oversight, or rehabilitative therapies and has not entered into a contract with an appropriately licensed provider of the resident's choice to provide those services</li> <li>4. Is not medically stable</li> <li>5. Meets at least two (2) of the following three (3) criteria unless the resident is medically stable and the health community can meet the resident's needs: <ol style="list-style-type: none"> <li>A. Requires total assistance with eating</li> <li>B. Requires total assistance with toileting</li> <li>C. Requires total assistance with transferring.</li> </ol> </li> </ol> <p>3. A Pre-Admission Review Team has been established to ensure that only eligible residents are admitted. Unanimous approval of all team members is required prior to admission. If even one team member denies the</p>				

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	<p>resident was admitted as a "flat rate under respite care because we were full on the Alzheimer's Unit and [name of resident] could stay in an apartment until a bed became available."</p> <p>A subsequent assessment, dated 01-16-12, indicated the resident continued to "need close monitoring related to cognitive status with frequent redirection (3 of more times per day), with no social/emotional behavior intervention needed." This assessment was signed by the Resident Services Director on 01-16-12, the Executive Director on 01-16-12 and the family member on 01-18-12.</p> <p>The nurses notes, dated 01-08-12, indicated the resident was "very pleasant but confused." A subsequent nurses note, dated 01-09-12, indicated the resident's family member was "upset" at finding the resident with "stool under nails," and the resident had "run the toilet over and a soiled brief was found in the trash can [in resident's room]."</p> <p>The next nurses notation, dated 01-29-12 at 7:45 a.m., indicated "CNA [Certified Nurse's Aide] came to writer and stated that she couldn't locate resident. All staff began checking apts. [apartments], closets, common areas etc. One staff member went driving around in her</p>		<p>admission, then the resident will not be permitted admission. Team members include the Executive Director or Designee, the Resident Services Director and the Lantern Program Coordinator. If any member of the group is unavailable, the Executive Director will appoint a suitable temporary replacement. The pre-admission screening will include: 1) A Pre-Admission Assessment 2) A comprehensive Admission Assessment 3) An Elopement Risk Assessment A licensed nurse will complete these assessments. Both the Admission Assessment and the Elopement Risk Assessment are numerically scored. Individuals scoring greater than 80 on the Admission Assessment shall be denied admission. Individuals scoring greater than 35 on the Elopement Risk Assessment shall be permitted admission to the secure locked unit only. Each member of the Admission Review Team will screen the assessment documents and the admission will be approved or denied. Written records of the Pre-Admission Review Team approvals and/or denials will be maintained by the Executive Director. The Pre-Admission Review Team members will be trained in the above stated process, as well as on the Indiana state regulations for resident eligibility by the Regional Vice President. The</p>				

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	<p>vehicle, writer began walking around M.P. [Morning Pointe] property. Spoke with E.D. [Executive Director] and RSD [Resident Services Director] regarding situation."</p> <p>A subsequent nurses note, dated 01-29-12 at 8:25 a.m., indicated [name of hospital physician] called facility asking if we were missing anyone. I answered 'Yes, we are searching for a resident.' He asked for a description of [resident] and name. Writer answered those questions. As I was on the phone with [physician], Franklin Police arrived at nurses station. 9:00 a.m. E.D. and RSD arrived at facility."</p> <p>Review of the "Office of the Johnson County Coroner" report on 01-31-12 at 7:00 a.m., indicated "Name of Deceased: [Resident "C"]. Date and Time Found: January 29, 2012 at 08:00 a.m." The location the resident was found was approximately 3 blocks from the facility. The report noted injuries to the resident's right shoulder, a skin tear on the right elbow, a fractured right wrist/forearm, scraped knees and a bloody nose. The report indicated the coroner estimated the resident had been deceased for about 8 hours and that the outside temperature had been 30 - 31 degrees Fahrenheit. The cause of death was hypothermia exposure.</p>		<p>facility Policy addressing admission and retention criteria has been reviewed and revised by the Senior Vice President of Operations. The Regional Vice President is responsible for training the Executive Director, the Pre-Admission Review Team members and all facility personnel on this policy.</p> <p><b>Describe the revisions made to the facility policy addressing admission and retention criteria. What will be different from the facility's previous resident admission screening and resident placement procedures?</b></p> <p>Whenever a resident requires hospitalization, medical, nursing or other care beyond the capabilities of this community, the Executive Director shall make arrangements to discharge the resident to an appropriate setting, or transfer the resident promptly to a hospital or other health care community which is capable of providing the appropriate level of care.</p> <p>The community shall not admit or retain a resident who:</p> <ol style="list-style-type: none"> <li>1. Is a danger to himself/herself or others</li> <li>2. Requires twenty-four (24) hour per day comprehensive nursing care or comprehensive nursing oversight</li> </ol>				

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	<p>During interview on 02-01-12 at 8:52 a.m., the Resident Services Director, employee #2, confirmed the resident required the safety and security of the locked unit - Lantern. "The resident's [family member] wanted [resident] on the locked unit and wanted the resident placed immediately [emphatic]. There weren't any rooms available on the locked unit. I spoke with [name of the Executive Director] and we [RSD and E.D.] agreed to place the resident in the "model" room until a bed became available. The [family member] was concerned because [resident] wandered and the [family member] couldn't sleep at night due to trying to keep the doors locked and [resident] safe. Before it happened [in regard to the elopement and subsequent death] [resident] was more confused and so totally different. We have some other residents who have progressed dementia and they're still on the assisted living side of the building. They need or I would say they would be better on Lantern and not on assisted living. We've had a new admission and I noticed [resident] going to the doors and also has a diagnosis of dementia."</p> <p>Interview on 02-01-12 at 1:05 p.m., Licensed Practice Nurse employee #14, indicated she had a long discussion with [</p>		<p>3. Requires less than twenty-four hour per day comprehensive nursing care, comprehensive nursing oversight, or rehabilitative therapies and has not entered into a contract with an appropriately licensed provider of the resident's choice to provide those services</p> <p>4. Is not medically stable</p> <p>5. Meets at least two (2) of the following three (3) criteria unless the resident is medically stable and the health community can meet the resident's needs:</p> <p style="padding-left: 40px;">A. Requires total assistance with eating</p> <p style="padding-left: 40px;">B. Requires total assistance with toileting</p> <p style="padding-left: 40px;">C. Requires total assistance with transferring.</p> <p>The community shall permit residents to remain in the community and not transfer or discharge the resident from the community unless:</p> <p>1. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the community</p> <p>2. The transfer or discharge is appropriate because the resident's health has improved sufficiently so that the resident no longer needs the services provided by the community</p> <p>3. The safety of individuals in the community is endangered</p>				



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	<p>name of family member]. "I had a long talk with [family member of Resident "C"] and expressed my concerns and how [resident] is a high escape risk, because 'A.' the diagnosis of Alzheimer's dementia, 'B.' the resident was ambulatory and 'C.' the resident was a fairly new admit. The [family member] said [resident] was going to be placed on Lantern as soon as there was an open room. I felt [resident] needed a personal alarm to monitor her movements out of bed but [name of the Executive Director] told me that service is not available at Morning Pointe. I told [family member] what [name of Executive Director] said. The [family member] had a hard time leaving [resident] here. She shouldn't have been admitted since there wasn't a room on the locked unit."</p> <p>2. The record for Resident "D" was reviewed on 01-31-12 at 1:25 p.m. Diagnoses included but were not limited to Alzheimer's dementia, memory loss and depression. These diagnoses remained current at the time of the record review. The record indicated the resident was admitted on 10-12-09 resided on the assisted living section of the building until an elopement in November 2011.</p> <p>The Quarterly Assessment, dated 03-12-11, indicated the resident required</p>		<p>4. The health of the individuals in the community would otherwise be endangered</p> <p>5. The resident has failed, after a reasonable and appropriate notice, to pay for a stay</p> <p>6. The community ceases to operate</p> <p>Notwithstanding the above, a resident is not required to be discharged if the resident is receiving hospice services through an appropriately licensed provider of the resident's choice.</p> <p>Intrafacility Transfers:</p> <p>This community will provide a minimum of a two (2) day notice before relocation, except in the following circumstances:</p> <ol style="list-style-type: none"> <li>1. The safety of individuals in the community would be endangered</li> <li>2. The health of individuals in the community would be endangered</li> <li>3. The resident's health improves sufficiently to allow a more immediate transfer</li> <li>4. An immediate transfer is required by the resident's urgent medical needs</li> </ol> <p>An intrafacility transfer may be made only if the transfer is necessary for:</p> <ol style="list-style-type: none"> <li>1. Medical reasons as judged by</li> </ol>				

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	<p>frequent redirection (3 of more times per day), but did not indicated the resident wandered.</p> <p>However, a review of the nurses notes indicated the following attempts by the resident with exit seeking/elopement behaviors.</p> <p>"09-22-10 at 1650 [4:50 p.m.], "resident was walking down Milford Drive toward 44 [Hwy]. Redirected to go back to facility - was confused as to where [resident] lived."</p> <p>"03-12-11 3:30 p.m., Resident confused to where [resident] is suppose [sic] to be. Wants to go home to the farm, has farming to do, things that need to be taken care of, has a flashlight in back pocket with handkerchief - says needs to get the equipment ready."</p> <p>"03-12-11 8:00 p.m., Resident anxious things [resident] needs to go home."</p> <p>"03-13-11 1:30 p.m. Resident had hat on started for front door stating was looking for car."</p> <p>"03-16-11 3:35 p.m., Resident walking around in parking lot with hat on saying was looking for car but didn't see it."</p>		<p>the attending physician</p> <p>2. The welfare of the resident or other persons</p> <p>4. The Regional Vice President will visit the community,at least twice per month for 6 months and at least monthly thereafter. During these visits, Pre-Admission Review Team documentation will be audited and refresher training on this process and the relevant policies will be provided. The RVP will make rounds in the facility, conduct resident and employee interviews and review randomly chosen resident records. The Corporate Resident Services Director, RN will visit the community quarterly on an ongoing basis. The CRSD will interview staff and residents; review resident assessments (Monthly Wellness Assessments, Fall Risk Assessments, Elopement Risk Assessments, Admission &amp; Quarterly Assessments); and provide ongoing refresher training to facility nursing personnel. The Senior Vice President of Operations will conduct in-house visits to the community on a quarterly basis for 6 months and annually thereafter. During these visits, Pre-Admission Review Team documentation will be audited. In addition, facility rounds and random resident and employee interviews will be conducted. The Executive Director is responsible for</p>				

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	"03-24-11 3:00 p.m., Resident going out front door with jacket in hand. Says going out to car to go to the farm to get some things done."  "04-06-11 4:45 p.m., Resident has gone into parking lot and came right back in, says looking for car and it is good weather for planting."  "04-12-11 5:40 p.m., Resident has gone out into parking lot several times this afternoon, states looking for car."  "09-04-11 4:30 p.m., Resident found wandering out by rd. [road] Resident was very confused ...."  "09-15-11 [no time documented], Resident has increased sundowners/exit seeking every evening. Goes outside looking for car - packs up belongings."  "09-21-11 9:30 p.m., [Name of physician] faxed secondary to resident going into parking lot this evening stated was looking for something 'I lost.'"  "11-08-11 8:00 p.m., Resident wandered into parking lot times 2 this evening looking for car."  "11-09-11 7:30 p.m., Resident wandered into parking lot times 2 this evening		implementation and ongoing compliance with this plan of correction.  <b>Are family interviews included?</b>  Interviews conducted relative to monitoring this Plan of Correction are focused specifically on, and are for the purpose of, gaining insight into resident cognitive status via impromptu conversations with residents and staff members. Family members will not be included in these interviews, as they can sometimes be a deterrent by responding to questions on behalf of the resident or due to denial of problems identified. If/when a resident is determined to be experiencing a cognitive decline, a formal planning meeting will be scheduled with the family.  <b>Define "random" used throughout.</b>  The term random means unscheduled. Specific residents and employees to be interviewed or records to review will not be pre-determined. Selections will not be based on any possible bias in order to provide for a more reliable result, allowing for valid conclusions about the population of the community based on the sample.				

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	<p>looking for car. When brought inside stated [spouse] was at a club and left [resident] here. 'I don't know when [spouse] will be back but I'm getting tired of this stuff. E.D. [Executive Director] informed of exit seeking behavior."</p> <p>"11-12-11 3:30 p.m., Resident found leaning on a telephone pole along Greensburg Road approximately 1 mile from facility."</p> <p>Interview on 02-01-12 at 8:52 a.m., the Resident Services Director indicated she was not at the facility at the time of the occurrence, but was aware of the numerous times the resident got out of the building. "When the assessment was done that should have been a 'red flag' that the resident was not appropriate and it was hard to keep an eye on [resident]. After the last time, there was a room available on Lantern Unit, so they finally moved [resident] over there."</p> <p>3. The record for Resident "E" was reviewed on 02-01-12 at 2:15 p.m. Diagnoses included but were not limited to memory loss, Alzheimer's dementia, history of falls / fractures and muscle weakness. These diagnoses remained current at the time of the record review.</p> <p>Review of the physician History and</p>						

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	<p>Physical, dated 09-09-11, indicated "Medical History: reveals Alzheimer's Disease has progressed quite a bit since the last time I have seen [resident]."</p> <p>During interview on 02-01-12 at 8:52 a.m., the Resident Services Director indicated the resident was a "new admit" and "noticed" [resident] going to the doors trying to get out."</p> <p>Interview on 02-01-12 at 1:05 p.m., LPN, employee #14, indicated the resident had "opened up one of the exit doors at night time and tried to get out. Once someone goes out there is no way for them to get back in. I put [resident] on 15 minute checks because of the flight risk."</p> <p>Review of the 24 hour report book, dated 01-29-12, included resident "check every 15 minutes."</p> <p>The Admission Service Assessment, dated 12-28-11, indicated the Resident "needs close monitoring related to cognitive status, often confused regarding time and place."</p> <p>A review of the Nurses Notes, dated 01-29-12 at 8:00 p.m., indicated "Staff informed nursing res. [resident] opened the Jefferson St. door yesterday about 3:30 p.m. Staff was unsure if they</p>			

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	<p>informed Nursing of Res. actions yesterday. Res. checked and in bed at this time. Will start every 15 minute checks on resident and inform next shift."</p> <p>Interview on 02-01-12 at 10:00 a.m., the Executive Director indicated she was unaware of the resident's attempt to elope from the facility. When further interviewed if she thought the resident was appropriately placed, the Executive Director replied "probably not."</p> <p>4. Review of the Facility "Residency and Service Agreement," on 01-31-12 at 11:00 a.m., indicated the following:</p> <p>"B. Termination by Community - the Community may terminate this Agreement for any reason allowed by law and initiate a discharge upon a thirty (30) days (or other state-mandated timeline) advance written notice to the Resident, Responsible Party and the referring agency. If applicable, one of the following reasons for termination shall be included in the notice:</p> <p>1. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility."</p> <p>This State Finding relates to Complaint</p>						

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R0036	<p>410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on record review and interview, the facility failed to immediately notify a resident's physician; in that when a resident displayed exit seeking behaviors, the nursing staff failed to immediately notify the physician for possible intervention for 1 of 3 resident's sampled for elopement risks in a sample of 6. [Resident "E"].</p> <p>Findings include:</p> <p>1. The record for Resident "E" was reviewed on 02-01-12 at 2:15 p.m. Diagnoses included but were not limited to memory loss, Alzheimer's dementia, history of falls / fractures and muscle weakness and was admitted to the facility on 12-31-11. These diagnoses remained current at the time of the record review.</p> <p>The pre "Admission Service Assessment," dated 12-28-11, indicated the Resident "needs close monitoring related to Mental</p>	R0036	<p>1. Resident E was transferred to the secured unit on 1/30/2012. 2. The Corporate Resident Services Director, RN is currently in the process of assessing each facility resident. Assessments include performing an Elopement Risk Assessment and an Admission &amp; Quarterly Service Assessment. If a significant decline is identified in a resident's physical, mental or psychosocial status (such as exit seeking behavior, wandering or attempted elopements), the resident's physician will be immediately notified by the Resident Services Director. The Executive Director will schedule family conferences, to begin the process of an interfacility or intrafacility discharge/transfer with appropriate assistance and written notices provided to residents, physicians and appropriate family members. 3. To document and communicate changes in cognition (such as an onset of exit seeking, wandering or confusion), the facility has implemented a Behavior Profile</p>	02/29/2012			



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	<p>status, often confused regarding time and place, Supervision - needs close monitoring related to cognitive status."</p> <p>Review of the physician History and Physical, dated 09-09-11, indicated "Medical History: reveals Alzheimer's Disease has progressed quite a bit since the last time I have seen [resident]."</p> <p>A review of the Nurses Notes, dated 01-29-12 at 8:00 p.m., indicated "Staff informed nursing res. [resident] opened the Jefferson St. door yesterday about 3:30 p.m. Staff was unsure if they informed Nursing of Res. actions yesterday. Res. checked and in bed at this time. Will start every 15 minute checks on resident and inform next shift."</p> <p>During interview on 02-01-12 at 8:52 a.m., the Resident Services Director indicated the resident was a "new admit" and "noticed [resident] going to the doors trying to get out."</p> <p>Interview on 02-01-12 at 1:05 p.m., licensed practical nurse, employee #14, indicated the resident had "opened up one of the exit doors at night time and tried to get out. Once someone goes out, there is no way for them to get back in. I put [resident] on 15 minute checks because of the flight risk."</p>		<p>Form. When a staff member observes or identifies a change in cognition or behavior, this form will be completed and submitted to the Resident Services Director and/or the Executive Director. The Resident Services Director and/or the Executive Director will review, follow-up and ensure appropriate physician notification. In addition to documenting behavioral problems on the Behavior Profile Form, occurrences will also be noted on the Shift Report Form. The Executive Director will schedule and ensure that current personnel are in-serviced on the following subject matter: · Identification and immediate reporting of changes in resident condition, mental status, wandering and exit seeking behaviors · Notification processes, policies and procedures (who is to be notified, contact information, etc.) · Documentation of behavioral problems/concerns on the Behavior Profile Form and notating the occurrence on the Shift Report Form · Resident Rights This training will be included as part of each new employees initial orientation and will be reviewed on an annual basis, at a minimum. The Executive Director will provide interim re-training of staff as needed. The Executive Director, or designee, will conduct a daily Stand-Up Meeting (M – F), with key personnel. During this</p>				

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	<p>Review of the Nursing 24 hour report book, dated 01-29-12, indicated the nursing staff was aware of the resident's exit seeking behavior and instituted tracking documentation of the resident's whereabouts and to "check every 15 minutes."</p> <p>Although the nursing staff had been alerted to the resident's ongoing attempts to elope/exit seek, the resident's physician had not been immediately notified of the resident's behavior for possible intervention.</p> <p>2. Review of facility policy on 02-02-12 at 9:05 a.m., titled "Change in Resident Condition Policy/Procedure," dated 09-01-06, indicated the following:</p> <p>"The resident, physician, and resident's family member/responsible person will be notified when resident has a change in condition."</p> <p>Procedure [bold type]:</p> <p>1.) The Resident Services Director will notify the resident's physician and resident's family member/responsible person if any of the following occur:</p> <p>b. A change in the resident's physical [underscored], mental [underscored] or psychosocial [underscored] status.</p>		<p>meeting, current shift reports, newly completed Monthly Wellness Assessments, Elopement Risk Assessments, Behavior Profile Forms and Incident Report Forms, Service Assessments and nurse call/door alarm system reports (occurring since the last meeting) will be reviewed and addressed by the group. 4. The Regional Vice President will visit the community at least twice per month for 6 months and at least monthly visits thereafter. During these visits, the RVP will randomly review Stand-Up meeting records, audit Behavior Profile Records and ensure completion of required training. The RVP will make rounds in the facility, conduct resident and employee interviews and review randomly chosen resident records. The Corporate Resident Services Director, RN will visit the community quarterly on an ongoing basis. The CRSD will interview staff and residents; review resident assessments (Monthly Wellness Assessments, Fall Risk Assessments, Elopement Risk Assessments, Admission &amp; Quarterly Assessments); and provide ongoing refresher training to facility nursing personnel. The Corporate Resident Services Director will remain available to the facility Executive Director and Resident Services Director, to provide consultation relative to specific condition changes and</p>				

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	<p>c. A need to alter services.</p> <p>d. A decision to transfer resident from the community.</p> <p>e. A change in room or roommate assignment.</p> <p>5.) Following the change in condition, the Resident Services Director will document the monitoring of the resident's condition for a period of 24 hours, or until the condition no longer persists or as instructed by the resident's physician."</p> <p>This State Finding relates to Complaint IN00103237.</p>		<p>possible resolutions. The Senior Vice President of Operations will visit the community on a quarterly basis for 6 months and annually thereafter. During these visits, random reviews of daily Stand-Up meeting records and Behavior Profile Records will be completed. In addition, facility rounds and random resident and employee interviews will be conducted. The Executive Director is responsible for implementation and ongoing compliance with this plan of correction.</p> <p><b>Are family interviews included?</b></p> <p>Interviews conducted relative to monitoring this Plan of Correction are focused specifically on, and are for the purpose of, gaining insight into resident cognitive status via impromptu conversations with residents and staff members. Family members will not be included in these interviews, as they can sometimes be a deterrent by responding to questions on behalf of the resident or due to denial of problems identified. If/when a resident is determined to be experiencing a cognitive decline; a formal planning meeting will be scheduled with the family.</p> <p><b>Define "random" used throughout.</b></p> <p>The term random means</p>				

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			<p>unscheduled. Specific residents and employees to be interviewed or records to review will not be pre-determined. Selections will not be based on any possible bias in order to provide for a more reliable result, allowing for valid conclusions about the population of the community based on the sample.</p>	

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R0052	<p>410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion.</p> <p>Based on record review and interview, the facility failed to protect a resident from neglect, in that when a resident had a history of wandering/elopement behaviors and required the security of a locked unit, the facility failed to provide an intrafacility transfer for the protection of the resident.</p> <p>This deficient practice had the potential to effect 3 of 3 residents with exit seeking behaviors in a sample of 6, and resulted in a Resident C's ability to elope from the facility during inclement weather, which resulted in the death of the resident due to hypothermia. [Resident "C", "D", and "E"].</p> <p>Findings include:</p> <p>1. The record for Resident "C" was reviewed on 01-31-12 at 12:00 p.m. Diagnoses included but were not limited to Alzheimer's dementia and cerebral vascular accident. These diagnoses remained current at the time of the record</p>	R0052	<p>1. Resident C is deceased. Resident D was transferred to the secured unit on 11/12/11. Resident E was transferred to the secured unit 01/30/2012. 2. The Corporate Resident Services Director, RN is currently in the process of assessing each facility resident. Assessments include performing an Elopement Risk Assessment and an Admission &amp; Quarterly Service Assessment. Residents unable to meet the state mandated eligibility criteria, in spite of community and medical interventions will be discharged as expeditiously as possible. The Executive Director will schedule family conferences, to begin the process of an interfacility or intrafacility discharge/transfer with appropriate assistance and written notices provided to residents, physicians and appropriate family members. Residents at risk for elopement (scoring greater than 35 on the Elopement Risk Assessment) will have one on one monitoring until a safe interfacility or intrafacility discharge can be facilitated. <b>Describe how the facility will</b></p>	02/29/2012			

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	<p>review.</p> <p>Review of the pre-admission "interviewing worksheet," dated 01-03-12 and completed by the Resident Services Director, employee #2, indicated the following: "Long Term Needs (explicit needs): Alz. [Alzheimer's] Dx. [Diagnosis], walking and standing. "Current location: with [family member]. Wandering at night."</p> <p>Review of the "Pre-Admission Assessment Form, dated 01-04-12 indicated the resident required glasses, was able to transfer self from bed and the "interviewer recommended admission - needs Lantern [secured dementia unit] placements &lt;sic&gt; ASAP [as soon as possible]."</p> <p>The record indicated the resident was admitted to the facility as "respite" status. When interviewed on 02-01-12 at 10:00 a.m., the Executive Director indicated the resident was admitted as a "flat rate under respite care because we were full on the Alzheimer's Unit and [name of resident] could stay in an apartment until a bed became available."</p> <p>The Admission Service Assessment, dated 01-04-12, indicated the resident was independent with ambulation, transfers,</p>		<p><b>ensure staffing can accommodate the needs of a resident being a one-on-one monitoring?</b></p> <p>One- on- one monitoring will be provided by family members and/or outside providers, such as Home Instead, etc. In an emergency, the Executive Director will call in off duty personnel to assist with one-on-one supervision for a temporary short-term period, until other arrangements can be made.</p> <p><b>Describe the range or interpretation of the scores for the Elopement Risk Assessment and the Service Assessment.</b></p> <p>Elopement Risk:</p> <p>25 – 30 = Re-assess in 3 months or if new behaviors occur</p> <p>31 – 35 = Contact Regional Vice President. Increase PCA checks, contact family &amp; physician for discussion</p> <p>36+ = High risk for elopement. Transfer to secure unit, discharge or set up 24-hour sitters</p>				

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	<p>nutrition, but required moderate assistance with dressing/undressing, needs staff for all aspects of bathing, reminders for toileting, needs close monitoring related to cognitive status, frequent redirection (3 or more times per day), and was a wanderer." This assessment was signed by the Resident Services Director on 01-04-12, the Executive Director on 01-05-12 and the family member on 01-06-12.</p> <p>Review of the History and Physical, dated 01-06-12, confirmed the resident was assessed with SDAT [senile dementia Alzheimer's type].</p> <p>The nursing "Monthly Wellness Assessment," dated 01-06-12, indicated the resident had fallen "1 week ago - lost balance while turning and sustained bruising to the left hip, had difficulty resting and awakens frequently."</p> <p>A review of the 24 hour report book indicated the resident was "confused [01-06-12]," "up at 3:00 a.m. [01-08-12]," "confused [01-13-12]."</p> <p>A subsequent assessment, dated 01-16-12, indicated the resident continued to "need close monitoring related to cognitive status with frequent redirection (3 of more times per day), with no social/emotional</p>		<p>Service Assessment:</p> <p>85 and above = Assess resident to determine if they meet state criteria to remain in the community.</p> <p>The community will not retain a resident who:</p> <ol style="list-style-type: none"> <li>1. Is a danger to himself/herself or others</li> <li>2. Requires twenty-four (24) hour per day comprehensive nursing care or comprehensive nursing oversight</li> <li>3. Requires less than twenty-four hour per day comprehensive nursing care, comprehensive nursing oversight, or rehabilitative therapies and has not entered into a contract with an appropriately licensed provider of the resident's choice to provide those services</li> <li>4. Is not medically stable</li> <li>5. Meets at least two (2) of the following three (3) criteria unless the resident is medically stable and the health community can meet the resident's needs: <ul style="list-style-type: none"> <li>A. Requires total assistance with eating</li> </ul> </li> </ol>				

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	<p>behavior intervention needed." This assessment was signed by the Resident Services Director on 01-16-12, the Executive Director on 01-16-12 and the family member on 01-18-12.</p> <p>The nurses notes, dated 01-08-12, indicated the resident was "very pleasant but confused." A subsequent nurses note, dated 01-09-12, indicated the resident's family member was "upset" at finding the resident with "stool under nails," and the resident had "run the toilet over and a soiled brief was found in the trash can [in resident's room]."</p> <p>The next nurses notation, dated 01-29-12 at 7:45 a.m., indicated "CNA [Certified Nurses Aide] came to writer and stated that she couldn't locate resident. All staff began checking apts. [apartments], closets, common areas etc. One staff member went driving around in her vehicle, writer began walking around M.P. [Morning Pointe] property. Spoke with E.D. [Executive Director] and RSD [Resident Services Director] regarding situation."</p> <p>A subsequent nurses note, dated 01-29-12 at 8:25 a.m., indicated [name of a hospital physician] called facility asking if we were missing anyone. I answered 'Yes, we are searching for a resident.' He asked</p>		<p>B. Requires total assistance with toileting</p> <p>C. Requires total assistance with transferring 3. Daily rounds will be conducted by the Executive Director and by the Resident Services Director to interview on duty staff for reports of resident status and to observe residents first-hand. During rounds, the Executive Director and the Resident Services Director will talk with care staff, nursing staff and residents encountered to gather information and visualize residents. The Executive Director, or designee, will conduct a daily Stand-Up Meeting (M – F), with all key personnel. During this meeting current shift reports, newly completed Monthly Wellness Assessments, Elopement Risk Assessments, Behavior Profile Forms and Incident Reports, Service Assessments and nurse call/door alarm system reports (occurring since the last meeting) will be reviewed and addressed by the group. The Executive Director will schedule and ensure that current personnel are in-serviced on the following subject matter: · Resident Rights · Abuse/Neglect · Safety Needs of the Elderly This training will be included as part of each new employees initial orientation and will be reviewed on an annual basis, at a minimum. The Executive Director will provide interim re-training of staff as</p>				



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	<p>for a description of [resident] and name. Writer answered those questions. As I was on the phone with [physician], Franklin Police arrived at nurses station. 9:00 a.m. E.D. and RSD arrived at facility."</p> <p>During interview on 02-01-12 at 8:52 a.m., the Resident Services Director employee #2, confirmed the Resident ["C"] required the safety and security of the locked unit - Lantern. "The resident's [family member] wanted [resident] on the locked unit and wanted the resident placed immediately [emphatic]. There weren't any rooms available on the locked unit. I spoke with [name of the Executive Director] and we [RSD and E.D.] agreed to place the resident in the "model" room until a bed became available. The [family member] was concerned because [resident] wandered and the [family member] couldn't sleep at night due to trying to keep the doors locked and [resident] safe. Before it happened [in regard to the elopement and subsequent death] [resident] was more confused and so totally different.</p> <p>I had worked additional hours, and when I was supposed to return to Morning Pointe at 11:00 p.m. to relieve [name of licensed practical nurse employee #14], I called her and asked her to stay because I was tired. She agreed to stay until 2:00 a.m. I</p>		<p>needed. 4. The Regional Vice President will visit the community, at least twice per month for 6 months and visit at least monthly thereafter. The RVP will conduct random reviews of Stand-Up meeting records, ensure completion of the above noted training, and review Behavior Profile Records. During these visits, the RVP will also make rounds in the facility, conduct resident and employee interviews and review randomly chosen resident records. The Corporate Resident Services Director, RN will visit the community quarterly on an ongoing basis. The CRSD will interview staff and residents; review resident assessments (Monthly Wellness Assessments, Fall Risk Assessments, Elopement Risk Assessments, Admission &amp; Quarterly Assessments); and provide ongoing refresher training to facility nursing personnel. The Corporate Resident Services Director will remain available to the facility Executive Director and Resident Services Director, to provide consultation relative to specific condition changes and possible resolutions. The Senior Vice President of Operations will visit the community on a quarterly basis for 6 months and annually thereafter. During these visits, random reviews of daily Stand-Up meeting records and Behavior</p>				

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	<p>got to the building about 1:45 a.m. She told me Resident "F" had been on the call light a lot that night. We counted the narcotics, she gave me report and then she left. I didn't know [name of resident "C"] left the building." When interviewed about completing 2 hour checks on the residents the RSD indicated, "no that's not being done on A.L. [assisted living]. We have some other residents who have progressed dementia and they're still on the assisted living side of the building. They need or I would say they would be better on Lantern and not on assisted living. We've had a new admission and I noticed [Resident "E"] going to the doors and also has a diagnosis of dementia."</p> <p>During interview on 02-01-12 at 2:20 p.m., CNA [Certified Nurses Aide] employee #17, indicated she worked the night Resident "C" eloped from the building. "It happened on my shift but I didn't even know it happened, the alarm system is supposed to go off but the pager for the Lantern unit only shows what is going on, on that unit, not the rest of the building. [Name of licensed nurse employee #14] worked over until 2:00 a.m., and then [Name of the Resident Services Director] came in to relieve her. We're supposed to check on the residents every two hours. I was told to do my checks at 10:00 p.m., 12:00 a.m., 2:00</p>		<p>Profile Records will be completed. In addition, facility rounds and random resident and employee interviews will be conducted. The Executive Director is responsible for implementation and ongoing compliance with this plan of correction.</p> <p><b>Define "random" used throughout.</b></p> <p>The term random means unscheduled. Specific residents and employees to be interviewed or records to review will not be pre-determined. Selections will not be based on any possible bias in order to provide for a more reliable result, allowing for valid conclusions about the population of the community based on the sample.</p>				

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	<p>a.m., and 4:00 a.m. [Name of another CNA] was supposed to work that night but she called in so there was only the two of us in the building." When interviewed if the pager for the Lantern unit receives pages for any of the exit doors, CNA, employee #17, indicated "no."</p> <p>Review of the "Daily Activity Form for the Week of January 22 - 28, 2012 lacked documentation the resident was checked every two hours on 01-23-12, 01-24-12, 01-25-12, 01-26-12, or 01-28-12.</p> <p>Interview on 02-01-12 at 1:05 p.m., Licensed Practice Nurse, employee #14, indicated she had a discussion with [family member]. "I had a long talk with [family member] and expressed my concerns and how [resident] is a high escape risk, because 'A.' the diagnosis of Alzheimers dementia, 'B.' the resident was ambulatory and 'C.' the resident was a fairly new admit. The [family member] said [resident] was going to be placed on Lantern as soon as there was an open room. I felt [resident] needed a personal alarm to monitor her movements out of bed but [name of the Executive Director] told me that service is not available at Morning Pointe. I told [family member] what [name of Executive Director] said. The [family member] had a hard time leaving [resident] here. She shouldn't</p>						

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	<p>have been admitted since there wasn't a room on the locked unit. On that particular shift, I couldn't find the key to lock the front door. It's supposed to be locked at 8:00 p.m. Even though the doors are alarmed to send a signal to the computer which then sends a message to the pager, I still knew that anyone could get out of the building and couldn't get back in. [Name of the Resident Services Director] was supposed to relieve me at 11:00 p.m., but she called and asked if I could stay until 2:00 a.m. I agreed. During that time I was very busy with another resident [Resident "F"]. I didn't know [name of Resident "C"] had left the building." When further interviewed, regarding other staff members in the building who could have assisted, or noticed a message over the pager in which a door had been opened, which required investigation on the part of the staff member, LPN, employee #14, indicated, "No, because the CNA that was on the Lantern Unit, does not receive any pages for the A.L. [Assisted Living] unit and no one else was working."</p> <p>Review of the computerized call/alarm system documentation indicated Resident "C" personal alarm pendent alerted the nurse for assistance on 01-28-12 at 10:15 p.m., and again on 01-29-12 at 12:06 a.m.</p>						

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	<p>Further review of the log indicated that on 01-29-12 at 1:35 a.m., the "door" to the "Jefferson Street Exit" had been opened. The Jefferson Street exit door is in close proximity to Resident "C's" apartment.</p> <p>In addition, the call/alarm log indicated the front door alarm system was breached on 01-29-12 at 12:18 a.m. and again at 12:23 a.m. The log also indicated from the time the front door alarm was breached at 12:23 a.m., Resident "F" activated her alarm 25 times. The log indicated the Front Door was again opened at 1:26 a.m., and then the nurse received 7 additional calls for assistance from Resident "F" through 1:58 a.m., when the Front Door was again opened. Resident "F" again called for assistance at 1:59 a.m., 2:00 a.m., 2:02 a.m., 2:04 a.m., 5:13 a.m., and again at 5:14 a.m.</p> <p>Review of signage located outside the front door of the facility indicated "For the safety and security of our guests and residents this building and premises is under 24 hour surveillance." During interview on 02-01-12 at 9:00 a.m., the Executive Director was questioned as to the surveillance system. The Executive Director indicated the only surveillance system was "staff on site, but no cameras."</p>			

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	<p>During interview on 02-01-12 at 9:30 a.m., the Maintenance Director verified the "surveillance" was staff only.</p> <p>Review of the Franklin Police report indicated the following events on 01-29-12, the police responded to a call approximately 3 blocks from the facility where medics were responding to a call of a person down on the ground. The person had an elastic key band on wrist with a key and tag that included Morning Pointe. LPN, employee # 9, was questioned if resident resided in a secure area of Morning Pointe and was informed the resident did not, but the exterior fire doors sound a page when opened and the front door was locked at night Further review of the report indicated an interview with Licensed Practical Nurse, employee #14, who indicated she "did not secure the front doors at 2000 [8:00 p.m.] because she could not find the keys. Even if [name of nurse] would have secured the door, anyone could have opened the door from inside the facility."</p> <p>Review of the "Office of the Johnson County Coroner" report on 01-31-12 at 7:00 a.m., indicated "Name of Deceased: [Resident "C"]. Date and Time Found: January 29, 2012 at 08:00 a.m." The location the resident was found was approximately 3 blocks from the facility.</p>						

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	<p>The report noted injuries to the resident's right shoulder, a skin tear on the right elbow, a fractured right wrist/forearm, scraped knees and a bloody nose. The report indicated the coroner estimated the resident had been deceased for about 8 hours and that the outside temperature had been 30 - 31 degrees Fahrenheit. The cause of death was hypothermia exposure.</p> <p>Interview on 01-31-12 at 9:30 a.m., the Maintenance Director indicated the doors are checked monthly via the pager system. If a door opens the signal goes to a pager - there is no audible alarm. The doors are locked from someone trying to get in but if someone tries to go out the staff will be alerted via the pager." Further interview on 01-31-12 at 12:15 p.m., the Maintenance Director indicated the alarm company "came to check out the system yesterday including the pagers. There haven't been any problems in the past."</p> <p>On 01-31-12 at 1:59 p.m., the exit door on "Main Street" was opened. During this observation, facility staff did not respond to the breach in the alarm security system. At 2:15 p.m., licensed nurse employee #18 indicated she received the page but did not answer the alarm. In addition Certified Nurses Aide, employee #19, indicated she too received the page but did not respond. When interviewed as to</p>						

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	<p>who is supposed to respond to the alarm system, both staff members looked at each other and indicated they thought someone else "got it."</p> <p>Review of the alarm company service report, dated 01-30-12, indicated "Description of Work Performed - checked out carepoint system readjusted. Jefferson St. exit looks like door has been sprung and is warped..."</p> <p>2. The record for Resident "D" was reviewed on 01-31-12 at 1:25 p.m. Diagnoses included but were not limited to Alzheimer's dementia, memory loss and depression. These diagnoses remained current at the time of the record review. The record indicated the resident was admitted on 10-12-09 resided on the assisted living section of the building until an elopement in November 2011.</p> <p>The Quarterly Assessment, dated 03-12-11, indicated the resident required frequent redirection (3 of more times per day), but did not indicated the resident wandered.</p> <p>However, a review of the nurses notes indicated the following attempts by the resident with exit seeking/elopement behaviors.</p>			



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	"09-22-10 at 1650 [4:50 p.m.], "resident was walking down Milford Drive toward 44 [Hwy]. Redirected to go back to facility - was confused as to where [resident] lived."			
	"03-12-11 3:30 p.m., Resident confused to where [resident] is suppose to be. Wants to go home to the farm, has farming to do, things that need to be taken care of, has a flashlight in back pocket with handkerchief - says needs to get the equipment ready."			
	"03-12-11 8:00 p.m., Resident anxious things [resident] needs to go home."			
	"03-13-11 1:30 p.m., Resident had hat on started for front door stating was looking for car."			
	"03-16-11 3:35 p.m., Resident walking around in parking lot with hat on saying was looking for car but didn't see it."			
	"03-24-11 3:00 p.m., Resident going out front door with jacket in hand. Says going out to care to go to the farm to get some things done."			
	"04-06-11 4:45 p.m., Resident has gone into parking lot and came right back in, says looking for car and it is good weather for planting."			

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	"04-12-11 5:40 p.m., Resident has gone out into parking lot several times this afternoon, states looking for car."			
	"09-04-11 4:30 p.m., Resident found wandering out by rd. [road] Resident was very confused ...."			
	"09-15-11 [no time documented], Resident has increased sundowners/exit seeking every evening. Goes outside looking for car - packs up belongings."			
	"09-21-11 9:30 p.m., [Name of physician] faxed secondary to resident going into parking lot this evening stated was looking for something 'I lost.'"			
	"11-08-11 8:00 p.m., Resident wandered into parking lot times 2 this evening looking for car."			
	"11-09-11 7:30 p.m., Resident wandered into parking lot times 2 this evening looking for car. When brought inside stated [spouse] was at a club and left [resident] here. 'I don't know when [spouse] will be back but I'm getting tired of this stuff. E.D. [executive director] informed of exit seeking behavior."			
	"11-12-11 3:30 p.m., Resident found leaning on a telephone pole along			

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	<p>Greensburg Road approximately 1 mile from facility."</p> <p>Interview on 02-01-12 at 8:52 a.m., the Resident Services Director indicated she was not at the facility at the time of the occurrence but was aware of the numerous times the resident got out of the building. "When the assessment was done that should have been a 'red flag' that the resident was not appropriate and it was hard to keep an eye on [resident]. After the last time, there was a room available on Lantern Unit, so they finally moved [resident] over there."</p> <p>3. The record for Resident "E" was reviewed on 02-01-12 at 2:15 p.m. Diagnoses included but were not limited to memory loss, Alzheimer's dementia, history of falls / fractures and muscle weakness. These diagnoses remained current at the time of the record review.</p> <p>Review of the physician History and Physical, dated 09-09-11, indicated "Medical History: reveals Alzheimer Disease has progressed quite a bit since the last time I have seen [resident]."</p> <p>During interview on 02-01-12 at 8:52 a.m., the Resident Services Director indicated the resident was a "new admit" and "noticed" [resident] going to the</p>			

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	<p>doors trying to get out."</p> <p>Interview on 02-01-12 at 1:05 p.m., licensed practical nurse, employee #14, indicated the resident had "opened up one of the exit doors at night time and tried to get out. Once someone goes out there is no way for them to get back in. I put [resident] on 15 minute checks because of the flight risk."</p> <p>The Admission Service Assessment, dated 12-28-11, indicated the Resident "needs close monitoring related to cognitive status, often confused regarding time and place."</p> <p>A review of the Nurses Notes, dated 01-29-12 at 8:00 p.m., indicated "Staff informed nursing res. [resident] opened the Jefferson St. door yesterday about 3:30 p.m. Staff was unsure if they informed Nursing of Res. actions yesterday. Res. checked and in bed at this time. Will start every 15 minute checks on resident and inform next shift."</p> <p>Review of the 24 hour report book, dated 01-29-12, indicated resident "check every 15 minutes."</p> <p>This State Finding relates to complaint IN00103237.</p>						

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R0148	<p>410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows:</p> <p>(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility. (2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes. (3) All plumbing shall function properly and comply with state plumbing codes. (4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on record review and interview, the facility failed to ensure a written policy which was implemented to ensure the operation of the call/alert system, or ensure the equipment was operational in regard to the exit door alarms were in good repair; in that when the facility used a call/alert paging system, the facility failed to ensure the integrity of the alarm system had not been breached and also failed to ensure the staff had the ability to receive resident calls/alerts in the event of a resident exiting/elopement from the building for 2 of 3 residents reviewed for wandering and exit seeking behaviors in a sample of 6. [Resident's "C" and "E"].</p> <p>Findings include:</p>	R0148	<p>1. Resident C is deceased. Resident E was transferred to the secured unit on 1/30/2012. 2. The Corporate Resident Services Director, RN is currently in the process of assessing each facility resident. Assessments include performing an Elopement Risk Assessment and an Admission &amp; Quarterly Service Assessment. If a significant decline is identified in a resident's physical, mental or psychosocial status (such as exit seeking behavior, wandering or attempted elopements), the resident's physician will be immediately notified by the Resident Services Director. The Executive Director will schedule family conferences, to begin the process of an interfacility or intrafacility discharge/transfer with</p>	02/29/2012			

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	<p>1. The record for Resident "C" was reviewed on 01-31-12 at 12:00 p.m. Diagnoses included but were not limited to Alzheimer's dementia and cerebral vascular accident. These diagnoses remained current at the time of the record review. Review of the pre-admission "interviewing worksheet," dated 01-03-12, and completed by the Resident Services Director, employee #2, indicated the following: "Long Term Needs (explicit needs): Alz. [Alzheimer's] Dx. [Diagnosis], walking and standing. "Current location: with [family member]. Wandering at night." The record indicated the resident eloped from the facility and was found non-responsive outside the facility by a passerby.</p> <p>2. The record for Resident "E" was reviewed on 02-01-12 at 2:15 p.m. Diagnoses included but were not limited to memory loss, Alzheimer's dementia, history of falls / fractures and muscle weakness. These diagnoses remained current at the time of the record review. The pre Admission Service Assessment, dated 12-28-11, indicated the Resident "needs close monitoring related to cognitive status, often confused regarding time and place." The record indicated the resident "opened the Jefferson St. exit</p>		<p>appropriate assistance and written notices provided to residents, physicians and appropriate family members. 3. A new/revised policy "Nurse Call System Policy/Procedure" has been implemented, effective 2/1/12. This policy is to ensure that residents are familiar with the use of the nurse call/door alarm system, that all associates are properly trained and are proficient in the used of the nurse call/door alarm system and that the system is tested on each shift on a weekly basis, by maintenance personnel. The policy also outlines the protocol for responding to door alarms. Facility Maintenance Director installed audible door alarms on all facility exit doors, as a back up to the facility nurse call/door alarm system. These alarms remain on at all times and can only be silenced with a key, which is kept on each staff members work key ring.</p> <p><b>Describe how the maintenance and functionality of the call system equipment and door alarms will be monitored?</b></p> <p>The Maintenance Director will test the functionality of the call system equipment three times weekly—once on each shift. Activating each of the door alarms and then visualizing the pagers to</p>				

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	<p>door yesterday [01-28-12] about 3:30 p.m., and tried to get out." Interview on 02-01-12 at 1:05 p.m., licensed practical nurse employee #14, indicated the resident had "opened up one of the exit door at night time."</p> <p>Interview on 01-31-12 at 9:30 a.m., the Maintenance Director indicated the doors are checked monthly via the pager system. If a door opens the signal goes to a pager - there is no audible alarm. The doors are locked from someone trying to get in but if someone tries to go out the staff will be alerted via the pager." Further interview on 01-31-12 at 12:15 p.m., the Maintenance Director indicated the alarm company "came to check out the system yesterday including the pagers. There haven't been any problems in the past."</p> <p>During interview on 02-01-12 at 2:20 p.m., CNA [Certified Nurses Aide], employee #17, indicated, "... the alarm system is supposed to go off but the pager for the Lantern unit only shows what is going on, on that unit, not the rest of the building." When interviewed if the pager for the Lantern unit receives pages for any of the exit doors, employee #17 indicated "no."</p> <p>During interview on 02-01-12 at 9:40 a.m., the Executive Director was</p>		<p>ensure they are activated and display the appropriate message announcing the alarm will test the system. The computer display will also be visualized to ensure the appropriate message announcing the alarm is displayed on the screen. These are documented system tests. All door alarms are tested with every weekly inspection on every shift and nurse call alarms are selected randomly.</p> <p>On a daily basis, the Executive Director prints, analyzes and discusses (in daily Stand-Up Meetings) reports generated by the alarm system. These reports show the date and time of activation of door alarms, resident nurse calls, response times of nurse calls as well as the pager number of the responder.</p> <p>The facility has re-directed all facility foot traffic to occur via the front entrance door. All other doors are for emergency exit only. Signage has been posted on each emergency exit re-directing staff, residents and visitors to the front entrance door. The protocol for responding to door alarms has been revised as follows:</p> <p>1.Associates will be assigned, in writing, at the beginning of each shift to designated halls for care delivery, nurse call and door</p>				



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	<p>interviewed regarding the ability of the staff who work the secured Lantern Unit to receive pages/notifications via the call alert system, for the entire facility. The Executive Director was unaware the staff on the secured Lantern Unit, did not receive notification via the pager system.</p> <p>Review of the Johnson County Coroner's report, dated 01-29-12, indicated the following regarding Resident "C": "...according to the alarm system computerized log [resident] rang [resident] medical alarm. [Name of licensed practical nurse employee #14] responded and found [resident] in bed where [resident] apologized for accidentally ringing the alarm returning to sleep I noted the computer clock was off by 26 minutes. The actual time for the alarm was 00:35 a.m. on the 29th of January."</p> <p>During further interview on 02-02-12 at 9:30 a.m., during the Exit conference, the Executive Director also indicated she was unaware the "actual time" noted for resident alert calls was inaccurate by approximately 26 minutes. The Executive Director indicated she questioned the Maintenance Director about the inaccurate "time" who told her that the system "loses a few minutes now and then." When interviewed if checking</p>		<p>alarm response.</p> <p>2.All associates will carry a walkie talkie.</p> <p>3.If an associate is unable to immediately respond to a nurse call or door alarm, the walkie talkie will be utilized to summon immediate assistance from another associate.</p> <p>4.Any time that an exit door alarms, all available staff should respond immediately, including the individual assigned to the area.</p> <p>5.Exit door alarms are to be handled immediately and treated as the highest priority page requiring associate intervention.</p> <p>6.The immediate associate response will be a search of the area. If no one is found outside the door, or the cause of the alarm cannot be determined, then the staff will begin a head count of all residents to ensure that all residents are accounted for. During the head count process; at least one associate will continue the search outside the alarmed door until all residents are accounted for.</p> <p>Elopement drills have been conducted on all shifts, initiated and guided by the Regional Vice President. Personnel training will be completed on the following:</p> <ul style="list-style-type: none"> <li>·Nurse Call System Management Policy/Procedure</li> <li>·Use of the Nurse Call/Door Alarm Systems, Pagers and Walkie Talkies</li> </ul>	

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	<p>the time on the computer alert system was part of the monthly checks, the Executive Director indicated she was unaware.</p> <p>The facility failed to provide an established written program for the routine maintenance of the alert/alarm system.</p> <p>This State Finding relates to Complaint IN00103237.</p>		<ul style="list-style-type: none"> <li>·Elopement Response and Elopement Drills</li> <li>·Maintenance and Random Evaluation of Nurse Call and Door Alarms</li> </ul> <p>This training will be included as part of each new employees initial orientation and will be reviewed on an annual basis, at a minimum. The Executive Director will provide interim re-training of staff as needed. The Executive Director, or designee, will conduct a daily Stand-Up Meeting (M – F), with all key personnel. On a daily basis (M – F) the Executive Director will print a report of the nurse call/door alarms covering the time since the last meeting. During the Stand-Up meeting, the nurse call/door alarm system reports will be reviewed by the group. The Executive Director will review, on a weekly basis, maintenance personnel logs of nurse call/door alarm inspections.</p> <p><b>Describe how the facility will monitor that staff on each shift has a thorough understanding of the new training received and that these staff members are implementing new policy/procedures?</b></p> <p>To ensure that staff has a thorough understanding of the new training provided and that staff are implementing the new policy and</p>		

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			<p>procedures, the Executive Director will observe (to visualize that staff are carrying pagers and walkie talkies) and will interview staff during rounds. The interviews will include questions regarding the nurse call and door alarms, use of walkie talkies, pagers and alarm response.</p> <p>The Executive Director receives oral reports from key personnel during daily Stand-Up Meetings. Stand-Up Meeting discussions include all facility operations, including staff performance relative to training needs and alarm response.</p> <p>On a daily basis, the Executive Director prints, analyzes and discusses (in daily Stand-Up Meetings) reports generated by the alarm system. These reports show the date and time of activation of door alarms, resident nurse calls, response times of nurse calls and the particular individual (by pager number) who responded. Pager sign-out sheets and daily assignment sheets provide the Executive Director with a mechanism for accountability in the operation and use of the system by the staff.</p>		

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			<p>In addition, staff knowledge base and performance is vetted during the maintenance weekly checks, which are completed on all shifts and during monthly elopement drills which are conducted by the Executive Director and/or Maintenance Director quarterly, one per shift per month.</p> <p>4. The Regional Vice President will visit the community, at least twice per month for 6 months and visit at least monthly thereafter. The RVP will conduct random reviews of Stand-Up meeting records, ensure completion of the above noted training, and review Behavior Profile Records. During these visits, the RVP will also make rounds in the facility, conduct resident and employee interviews and review randomly chosen resident records. The Corporate Resident Services Director, RN will visit the community quarterly on an ongoing basis. The CRSD will interview staff and residents; review resident assessments (Monthly Wellness Assessments, Fall Risk Assessments, Elopement Risk Assessments, Admission &amp; Quarterly Assessments); and provide ongoing refresher training to facility nursing personnel. The Corporate Resident Services Director will remain available to</p>		

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			<p>the facility Executive Director and Resident Services Director, to provide consultation relative to specific condition changes and possible resolutions. The Senior Vice President of Operations will visit the community on a quarterly basis for 6 months and annually thereafter. During these visits, random reviews of daily Stand-Up meeting records and Behavior Profile Records will be completed. In addition, facility rounds and random resident and employee interviews will be conducted. The Executive Director is responsible for implementation and ongoing compliance with this plan of correction.</p> <p><b>Define "random" used throughout.</b></p> <p>The term random means unscheduled. Specific nurse call alarms evaluated, residents and employees to be interviewed or records to review will not be pre-determined. Selections will not be based on any possible bias in order to provide for a more reliable result, allowing for valid conclusions about the population of the community based on the sample.</p>		

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R0216	<p>410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility.</p> <p>Based on record review and interview, the facility failed to ensure the proficiency of self administration of medications, in that when a resident had physician orders to self medicate, the facility failed to evaluate the resident's ability to administer medications, and provide documentation of the evaluation in the resident's record for 1 of 6 resident's with physician orders for self administration of medications in a sample of 6. [Resident "B"].</p> <p>Findings include:</p> <p>The record for Resident "B" was reviewed on 02-01-12 at 12:40 p.m. Diagnoses included but were not limited to hypertension, depression, open reduction and internal fixation left hip and urinary</p>	R0216	<p>1. Resident B received an evaluation of his/her physical, cognitive and mental status, independence in activities of daily living and ability to self-administer medications on 2/11/12. This evaluation was completed, documented and filed in the clinical record by a licensed nurse. This resident is able to safely self-administer his/her medications. 2. All residents with physician orders to self-administer medications were evaluated for proficiency to do so on 02/11/12. These evaluations were completed by a licensed nurse, documented and filed in the clinical record. The evaluation included assessing the resident's physical, cognitive and mental status, independence in activities of daily living and ability to self-administer medications. Each of these residents was</p>	02/29/2012			

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	<p>obstruction. These diagnoses remained current at the time of the record review.</p> <p>The resident had a physician order for self administration of medications. The resident's record lacked the evaluation of the resident's ability to safely administer own medications.</p> <p>During an interview on 02-02-12 at 9:30 a.m., the Executive Director indicated she was unable to find a Service Plan for the resident.</p> <p>Review of the facility policy on 02-02-12 at 9:00 a.m., titled "Self Administration of medication," dated 09-01-06, indicated "The Resident Services Director will complete the Self Administration Assessment on all new admissions to determine the safety of this practice. The resident will then be asked to sign the Self-Administration of Medication Agreement. When a self-medicating resident shows any signs of decreased functioning, the physician is to be notified and a Self Medication Assessment completed. Once this process is initiated, the resident will continue to be monitored at least monthly for as long as they self medicate."</p>		<p>found to able to safely continue self-administration of medications. 3. Wellness assessments are to be completed on a monthly basis by the Resident Services Director or Designee, for each resident. The monthly Wellness Assessment is performed on each resident of the facility and, for those residents that self-administer medications, the assessment includes assessing proficiency with self-administering medications. At the beginning of each month the RSD will submit to the Executive Director a proposed schedule of monthly assessments. During each Daily Stand-Up meeting the assessment schedule will be reviewed. The group will discuss each resident, scheduled to be assessed. Completed assessments will be submitted to the Executive Director for review prior to filing these in the clinical record. The Resident Services Director and licensed facility personnel will be trained on scheduling and conducting wellness assessments, for each resident of the facility. The Executive Director will complete this training. 4. The Regional Vice President will visit the community, at least twice per month for 6 months and visit at least monthly thereafter. The RVP will conduct random reviews of Stand-Up meeting records, ensure completion of the above</p>				

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			noted training, and review Behavior Profile Records. During these visits, the RVP will also make rounds in the facility, conduct resident and employee interviews and review randomly chosen resident records. The Corporate Resident Services Director, RN will visit the community quarterly on an ongoing basis. The CRSD will interview staff and residents; review resident assessments (Monthly Wellness Assessments, Fall Risk Assessments, Elopement Risk Assessments, Admission & Quarterly Assessments); and provide ongoing refresher training to facility nursing personnel. The Corporate Resident Services Director will remain available to the facility Executive Director and Resident Services Director, to provide consultation relative to specific condition changes and possible resolutions. The Senior Vice President of Operations will visit the community on a quarterly basis for 6 months and annually thereafter. During these visits, random reviews of daily Stand-Up meeting records and Behavior Profile Records will be completed. In addition, facility rounds and random resident and employee interviews will be conducted. The Executive Director is responsible for implementation and ongoing compliance with this plan of correction.	



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			<p><b>Are family interviews included?</b></p> <p>Interviews conducted relative to monitoring this Plan of Correction are focused specifically on, and are for the purpose of, gaining insight into resident cognitive status via impromptu conversations with residents and staff members. Family members will not be included in these interviews, as they can sometimes be a deterrent by responding to questions on behalf of the resident or due to denial of problems identified. If/when a resident is determined to be experiencing a cognitive decline; a formal planning meeting will be scheduled with the family.</p> <p><b>Define "random" used throughout.</b></p> <p>The term random means unscheduled. Specific residents and employees to be interviewed or records to review will not be pre-determined. Selections will not be based on any possible bias in order to provide for a more reliable result, allowing for valid conclusions about the population of the community based on the sample.</p>		

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R0217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on observation, record review and interview, the facility failed to ensure the completion of an evaluation, which identified the resident needs and services provided for 5 of 6 residents reviewed for the completion and accuracy of service plans. [Resident's "A", "C", "D", "E" and "F"].</p>	R0217	<p>1. Resident C is deceased.</p> <p>Resident D has had a complete comprehensive assessment performed by the Regional Services Director, RN on 02/14/2012. Based upon this current assessment, a thorough Service Plan has been developed</p>	02/29/2012			

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	<p>Findings include:</p> <p>1. The record for Resident "A" was reviewed on 02-01-12 at 2:40 p.m. Diagnoses included but were not limited to Mental Retardation, hepatic encephalopathy and functional tremor. These diagnoses remained current at the time of the record review.</p> <p>The record indicated the resident was independent with ambulation, but sustained fractures after falls sustained in September and November 2011.</p> <p>During observation on 01-31-12 at 1:00 p.m. and again a 3:00 p.m., the resident was observed seated in a wheelchair.</p> <p>During an interview on 02-01-12 at 8:52 a.m., the Resident Services Director verified the resident had been ambulatory, but since the "fall [resident] now is in a wheelchair due to the injury."</p> <p>A request was made to review the Service Plan for the resident. During the Exit conference on 02-02-12 at 9:30 a.m., the Executive Director indicated she was unable to find a Service Plan for the resident.</p> <p>2. The record for Resident "C" was</p>		<p>and documented, which addresses all of his/her needs and services. Both the assessment and the service plan identify and address this resident's need for interventions for wandering behaviors. This has been reviewed and discussed with the resident and family members. Due to his/her need for a secure environment, he/she was transferred to the facility's locked memory care unit.</p> <p>Resident E has had a complete comprehensive assessment performed by the Regional Services Director, RN. Based upon this current assessment, a thorough Service Plan has been developed and documented, which addresses all of his/her needs and services, including this resident's ambulatory status. This has been reviewed and discussed with the resident and family members. Due to his/her need for a secure environment, he/she was transferred to the facility's locked memory care unit.</p> <p>Resident A has had a complete comprehensive assessment performed by the Regional Services Director, RN on 02/15/2012. Based upon this current assessment, a thorough Service Plan has been developed and documented, which addresses</p>				

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	<p>reviewed on 01-31-12 at 12:00 p.m. Diagnoses included but were not limited to Alzheimer's dementia and cerebral vascular accident. These diagnoses remained current at the time of the record review.</p> <p>Review of the pre-admission "interviewing worksheet," dated 01-03-12 and completed by the Resident Services Director, employee #2, indicated the following: "Long Term Needs (explicit needs): Alz. [Alzheimer's] Dx. [Diagnosis], walking and standing. "Current location: with [family member]. Wandering at night."</p> <p>Review of the "Pre-Admission Assessment Form, dated 01-04-12, indicated the resident required glasses, was able to transfer self from bed and the "interviewer recommended admission - needs Lantern [secured dementia unit] placements &lt;sic&gt; ASAP [as soon as possible]."</p> <p>Review of the Service Plan, also titled "Daily Activity Form," indicated the resident required daily bed making, A.M. care, assist dressing, clean fingernails as needed, showers with standby assist, every 2 hour checks, location , incontinence checks and P.M. Care and dressing for bed.</p>		<p>all of his/her needs and services. This has been reviewed and discussed with the resident and family members.</p> <p>Resident F has had a complete comprehensive assessment performed by the Regional Services Director, RN on 02/14/2012. Based upon this current assessment, a thorough Service Plan has been developed and documented, which addresses all of his/her needs and services, fall risk, hallucinations, therapy needs and the need for frequent nurse intervention. This plan has been reviewed and discussed with the resident and family members.</p> <p>2. The Corporate Resident Services Director, RN is currently in the process of assessing each facility resident. Assessments include performing an Elopement Risk Assessment and an Admission &amp; Quarterly Service Assessment in order to identify the level of each resident's service needs and ascertain the facility ability to meet the needs of each resident.</p> <p>Based upon the findings of the above noted assessments, new service plans have been developed for each resident to ensure that their service needs have been identified, documented and addressed.</p>				

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	<p>However; review of a communication from the nursing staff to the physician [undated] indicated "Please, please please - resident arrived today - admitted to Morning Pointe - has lived with [family member] for past 1 1/2 years, never has been in a facility. Now very anxious - could you Please ! order something we can use to help with her anxiety until you see on Wednesday."</p> <p>At the time the resident was admitted to the facility medications included Aricept [a medication in the treatment of Alzheimer's disease] 23 mg at bedtime, and Namenda [a medication in the treatment of Alzheimer's disease] 10 mg two times a day. On 01-06-12, the physician ordered Buspar [a medication used to treat anxiety] 5 mg three times a day.</p> <p>The clinical record lacked an updated Service Plan.</p> <p>3. The record for Resident "D" was reviewed on 01-31-12 at 1:25 p.m. Diagnoses included but ere not limited to memory loss, depression and Alzheimer's dementia. These diagnoses remained current at the time of the record review.</p> <p>Review of the Service Assessments, dated</p>		<p>3. Wellness assessments are to be completed on a monthly basis by the Resident Services Director or Designee, for each resident. The monthly Wellness Assessment is performed on each resident of the facility and, for those residents that self-administer medications, the assessment includes assessing proficiency with self-administering medications. At the beginning of each month the RSD will submit to the Executive Director a proposed schedule of monthly assessments. During each Daily Stand-Up meeting the assessment schedule will be reviewed. The group will discuss each resident, scheduled to be assessed. Completed assessments will be submitted to the Executive Director for review prior to filing these in the clinical record.</p> <p>The Resident Services Director and licensed facility personnel will be trained on scheduling and conducting wellness assessments, for each resident of the facility. The Executive Director will complete this training.</p> <p>In addition to the monthly wellness assessments, upon admission, significant change in condition and quarterly, the Resident Services Director will perform an Admission &amp; Quarterly</p>				

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	<p>03-12-11, 06-16-11 and 11-20-11, indicated the resident needed frequent redirection; however, lacked information the resident wandered.</p> <p>A review of the nurses notes indicated the following attempts by the resident with exit seeking/elopement behaviors.</p> <p>"09-22-10 at 1650 [4:50 p.m.], "resident was walking down Milford Drive toward 44 [Hwy]. Redirected to go back to facility - was confused as to where [resident] lived."</p> <p>"03-12-11 3:30 p.m., Resident confused to where [resident] is suppose to be. Wants to go home to the farm, has farming to do, things that need to be taken care of, has a flashlight in back pocket with handkerchief - says needs to get the equipment ready."</p> <p>"03-12-11 8:00 p.m., Resident anxious things [resident] needs to go home."</p> <p>"03-13-11 1:30 p.m., Resident had hat on started for front door stating was looking for car."</p> <p>"03-16-11 3:35 p.m., Resident walking around in parking lot with hat on saying was looking for car but didn't see it."</p>		<p>Service Assessment for each resident of the facility. This is a scored assessment that specifically addresses the following service needs areas: Ambulation, Transferring, Dressing, Bathing, Toileting, Nutrition, Treatments, Housekeeping, Supervision, Mental Status and Social/Emotional Behavior.</p> <p>The Resident Services Director and licensed facility personnel will be trained on both scheduled and unscheduled Service Assessments, by the Corporate Resident Services Director, RN. The need for unscheduled Service Assessments will be identified through the Stand-Up meeting process. Each new Service Assessment will include a Fall Risk Assessment, an Elopement Risk Assessment and a review/update of the Service Plan.</p> <p>The Resident Services Director and licensed personnel have been trained by the Corporate Resident Services Director, RN on the following:</p> <ul style="list-style-type: none"> <li>·Resident Progress Notes Policy and Procedure</li> <li>·The Admission and Quarterly Service Assessment document and process</li> <li>·Resident Service Plan – Plan of Care Policy</li> </ul> <p>This training will be included as part of the initial orientation for</p>				

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	"03-24-11 3:00 p.m., Resident going out front door with jacket in hand. Says going out to car to go to the farm to get some things done."  "04-06-11 4:45 p.m., Resident has gone into parking lot and came right back in, says looking for car and it is good weather for planting."  "04-12-11 5:40 p.m., Resident has gone out into parking lot several times this afternoon, states looking for car."  "09-04-11 4:30 p.m., Resident found wandering out by rd. [road] Resident was very confused ...."  "09-15-11 [no time documented], Resident has increased sundowners/exit seeking every evening. Goes outside looking for car - packs up belongings."  "09-21-11 9:30 p.m., [Name of physician] faxed secondary to resident going into parking lot this evening stated was looking for something 'I lost.'"  "11-08-11 8:00 p.m., Resident wandered into parking lot times 2 this evening looking for car."  "11-09-11 7:30 p.m., Resident wandered into parking lot times 2 this evening		new Resident Services Directors and licensed personnel. It will be reviewed on an annual basis, at a minimum. The Executive Director will provide interim re-training as needed.  4. The Regional Vice President will visit the community, at least twice per month for 6 months and visit at least monthly thereafter. The RVP will conduct random reviews of Stand-Up meeting records, ensure compliance with the above and ensure completion of the above noted training. During these visits, the RVP will also make rounds in the facility, conduct resident and employee interviews and review randomly chosen resident records.  The Corporate Resident Services Director, RN will visit the community quarterly on an ongoing basis. The CRSD will interview staff and residents; review resident assessments (Monthly Wellness Assessments, Fall Risk Assessments, Elopement Risk Assessments, Admission & Quarterly Assessments); and provide ongoing refresher training to facility nursing personnel. The Corporate Resident Services Director will remain available to the facility Executive Director and Resident Services Director, to provide consultation relative to				



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	<p>looking for car. When brought inside stated [spouse] was at a club and left [resident] here. 'I don't know when [spouse] will be back but I'm getting tired of this stuff. E.D. [executive director] informed of exit seeking behavior."</p> <p>"11-12-11 3:30 p.m., Resident found leaning on a telephone pole along Greensburg Road approximately 1 mile from facility."</p> <p>Review of the current Service Plan indicated the resident required assistance with dressing in A.M. and P.M., oral hygiene, showers, and toileting.</p> <p>The Service Plan lacked identification of the resident's wandering behaviors.</p> <p>4. The record for Resident "E" was reviewed on 02-01-12 at 2:15 p.m. Diagnoses included but were not limited to memory loss, Alzheimer's dementia, history of falls / fractures and muscle weakness. These diagnoses remained current at the time of the record review.</p> <p>Review of the physician History and Physical, dated 09-09-11, indicated "Medical History: reveals Alzheimer's Disease has progressed quite a bit since the last time I have seen [resident]."</p>		<p>specific condition changes and possible resolutions.</p> <p>The Senior Vice President of Operations will visit the community on a quarterly basis for 6 months and annually thereafter. During these visits, random reviews of daily Stand-Up meeting records, conduct facility rounds and random resident and employee interviews.</p> <p>The Executive Director is responsible for implementation and ongoing compliance with this plan of correction.</p>				

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	<p>During interview on 02-01-12 at 8:52 a.m. the Resident Services Director indicated the resident was a "new admit" and "noticed [resident] going to the doors trying to get out."</p> <p>The Admission Service Assessment, dated 12-28-11, indicated the Resident "needs close monitoring related to cognitive status, often confused regarding time and place."</p> <p>A review of the Nurses Notes, dated 01-29-12 at 8:00 p.m., indicated "Staff informed nursing res. [resident] opened the Jefferson St. door yesterday about 3:30 p.m. Staff was unsure if they informed Nursing of Res. actions yesterday. Res. checked and in bed at this time. Will start every 15 minute checks on resident and inform next shift."</p> <p>Interview on 02-01-12 at 1:05 p.m., licensed practical nurse employee #14 indicated the resident had "opened up one of the Exit door at night time and tried to get out. Once someone goes out there is no way for them to get back in. I put [resident] on 15 minute checks because of the flight risk."</p> <p>Review of the 24 hour report book, dated 01-29-12, indicated resident "check every 15 minutes."</p>			

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	<p>Interview on 02-01-12 at 10:00 a.m., the Executive Director indicated she was unaware of the resident's attempt to elope from the facility.</p> <p>Review of the Admission Service Assessment, dated 12-28-11, lacked an evaluation of the resident's ability to ambulate independently. The Service Assessment lacked the signature of the Executive Director or Family/Resident signature.</p> <p>During the Exit conference on 02-02-12 at 9:30 a.m., the Executive Director was unable to provide a Service Plan for the resident.</p> <p>5. The record for Resident "F" was reviewed on 02-01-12 at 12:50 p.m. Diagnoses included but were not limited to degenerative joint disease, atrial fibrillation, Parkinson's disease, deep vein thrombosis, unstable gait and meningioma. These diagnoses remained current at the time of the record review. The resident's spouse resided on the secured Alzheimer's Unit - Lantern.</p> <p>Review of the Initial Service Assessment, dated 05-11-11, indicated the resident required assist with pushing wheelchair, assistance of one with transfers, moderate</p>			

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	<p>assistance with dressing/undressing, moderate assist with bathing, daily bed making and occasional redirection.</p> <p>Review of a subsequent Service Assessments, dated 06-16-11 and 10-18-11, indicated the resident required the additional "frequent or full assistance with toileting."</p> <p>Review of the current Service Plan, identified as the "Daily Activity Form," indicated the resident needed to have the "bed made daily, assistance with dressing every morning, assistance with dressing/bed assist every evening, meal escorts via a wheelchair, assistance with showers, incontinent care and transfers as needed."</p> <p>However, a review of the nurses notes, indicated the resident had sustained various injuries including bruising [05-21-11], fall with injury [05-29-11 and 11-16-11], and had hallucinations in regard to seeing a "gorilla" in room [09-26-11, 09-30-11] and a significant change in condition [11-17-11]. In addition a review of the computerized call/alert log indicated the resident required frequent nursing interventions throughout the night shift and the resident currently received physical therapy.</p>						

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	<p>The record lacked an updated Service Plan for the resident to reflect the observations noted in the nurses notes.</p> <p>6. Review of facility policy on 02-01-12 at 1:35 p.m., titled "Resident Progress Notes Policy/Procedure [bold type] and dated 09-01-06 indicated the following:</p> <p>"Procedure [bold type]: 1. The Resident Services Director will provide Wellness Assessments for each resident noting any changes in the resident's health or welfare on an incidental and monthly basis. 2. The Resident Services Director will complete a written nurse assessment within 24 hours of move in which shall be re-written at the time of any significant change in the resident's condition."</p> <p>7. The "Admission and Quarterly Service Assessment" document instructed the nurse as follows: "Assessments are conducted when a resident moves in, after one month, quarterly and when there is a significant change in the resident's service needs. The form is subject to the terms and conditions of the application for residency."</p> <p>8. Review of the facility policy on 02-02-12 at 9:10 a.m., titled "Resident Service Plan - Plan of Care," dated</p>			

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	<p>09-01-06, indicated the following:</p> <p>"Purpose [bold type] To ensure that all residents receive appropriate services that meets their needs. To ensure that the needed services are within the scope of the facilities license to operate."</p> <p>"Procedure [bold type] The Resident Care Plan will be started when the resident is accepted and completed within 14 days. The resident or his/her representative must agree with the service plan and sign off on its contents and any subsequent updates. The plan will be signed by all staff members and nay other health care provider involved in its development. The resident or representative will receive a written copy of the plan and any updates. The planning process is designed to encourage and assist the resident in maintaining his/her outside support systems and available resources. With this goal in mind, the following individuals will be involved in developing and updating resident service plans."</p> <p>Periodic updates will be made to the resident's service plan. A review of the service plan will be completed quarterly depending on the level of service provided. An update will be completed within 14 days if there is a significant</p>			

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	<p>change in the resident's condition. The Service Plan will document what services were provided and that the resident's needs have been met including general supervision, meals and housekeeping services and emergency or crisis intervention as necessary. The documentation will further show that the resident is functioning at the highest physical, cognitive and functional level possible."</p> <p>This State Finding relates to Complaint IN00103237.</p>						