

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006704</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/07/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HELIA HEALTHCARE OF BELLEVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 NORTH 64TH STREET BELLEVILLE, IL 62223</b>
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S 000	Initial Comments  Annual Licensure Survey	S 000		
S9999	Final Observations  <b>STATEMENT OF LICENSURE VIOLATIONS</b>  300.615e) 300.615f)  Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information  e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)  f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.  These Requirements are NOT MET as evidence by:	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>Based on interview and record review the Facility failed to perform criminal background checks and failed to check the Department of Corrections Sex website within 24 hours after admission for 10 of 10 residents( R8, R24, R25, R26, R27, R28, R29, R30, R31 and R32 reviewed for preadmission screening. This has the potential to affect all 77 residents living in the facility.</p> <p>Findings include:</p> <p>1. On 09/01/2016 the last 10 recent admissions prescreening documentation from the facility was requested. The following was noted:</p> <p>R8 was admitted to the facility on 6/27/16. R8's Criminal Background check was not requested until 8/31/16. The facility did not document they checked for R8's name on the DOC website within 24 hours of admission.</p> <p>R24 was admitted to the facility on 7/24/16. R24's Criminal Background check was not requested until 7/25/16. The facility did not document they checked for R24's name on the DOC website within 24 hours of admission.</p> <p>R25 was admitted to the facility on 6/24/16. The facility did not document they checked for R25's name on the DOC website within 24 hours of admission.</p> <p>R26 was admitted to the facility on 8/18/16. The facility did not document they checked for R26's name on the DOC website within 24 hours of admission.</p> <p>R27 was admitted to the facility on 7/29/16. R27's Criminal Background check was not requested until 8/1/16. The facility did not</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>document they checked for R27's name on the DOC website within 24 hours of admission.</p> <p>R28 was admitted to the facility on 6/24/16. The facility did not document they checked for R28's name on the DOC website within 24 hours of admission.</p> <p>R29 was admitted to the facility on 7/11/16. R29's Criminal Background check was not requested until 8/3/16. The facility did not document they checked for R29's name on the DOC website within 24 hours of admission.</p> <p>R30 was admitted to the facility on 8/3/16. The facility did not document they checked for R30's name on the DOC website within 24 hours of admission.</p> <p>R31 was admitted to the facility on 8/5/16. The facility did not document they checked for R31's name on the DOC website within 24 hours of admission.</p> <p>R32 was admitted to the facility on 7/24/16. The facility did not request a Criminal Background check on R32 until 8/16/16. The facility did not document they checked for R32's name on the DOC website within 24 hours of admission.</p> <p>On 09/01/2016 at 4:45 PM, E4, Social Service Director stated " I am new at this and I was not aware that I needed to show proof of checking residents for the background checks. "</p> <p>On 09/01/2016 at 4:50 PM, E1, Administrator stated " (E4) was new to the position and she would make sure that (E4) is trained and able to fill out everything correctly."</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>The Undated document Resident Criminal History Background Notification Policy documents in part, The Facility will screen all persons seeking admission by requesting criminal history record information. If any individual is an identified offender, a request for the social evaluation prepared by the Department of Corrections will be made.</p> <p>2. The Facility Roster, dated 8/30/16, documents that the facility has 77 residents living in the facility.</p> <p>(C)</p> <p>300.1210a) 300.1210b)4) 300.1210d)1) 300.1210d)6)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident ' s guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measureable objectives and timetables to meet the resident ' s medical, nursing, and mental and psychosocial needs that are identified in the resident ' s comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident ' s care needs. The assessment shall be</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>developed with the active participation of the resident and the resident ' s guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>This Requirement is NOT MET as evidence by:</p> <p>Based on interview and record review the facility failed to develop comprehensive care plans to address discharge planning for 4 of 31 residents (R14, R15, R16, and R18) reviewed for care planning in the sample of 31.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. R14's documented Involuntary Discharge Notice was dated 7/14/16.</li> </ol> <p>R14's Care Plan dated 7/26/16 fails to address discharge planning.</p> <ol style="list-style-type: none"> <li>2. R15's documented Involuntary Discharge Notice was dated 3/8/16.</li> </ol> <p>R15's Care Plan dated 7/26/16 fails to address discharge planning.</p> <ol style="list-style-type: none"> <li>3. R16's documented Involuntary discharge Notice was dated 8/11/16.</li> </ol> <p>R16's Care Plan dated 6/16/16 fails to address discharge planning.</p> <ol style="list-style-type: none"> <li>4. R18's Involuntary discharge Notice was dated 4/29/16.</li> </ol> <p>R18's Care Plan dated 8/11/16 fails to address discharge planning.</p> <p>On 9/2/16 at 1:00 PM, E2, Director of Nursing</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>stated, "I expect discharge planning to be part of the Care Plan."</p> <p>The Facility's Initial Plan of Care Policy dated June 2014 documents in part, "Procedure: 5.h. Personal Hygiene/Mobility/Vision, Hearing &amp; Speech/Restorative &amp; Activities/Diet/Bowel &amp; Bladder Habits/Sleep Habits/Safety Measures/Social Needs/Misc. - list any special approaches or interventions the resident may have for that particular area, which will assist the staff in delivering his/her care." The Policy does not specifically address the residents need for discharge planning.</p> <p>b) The facility shall provided the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident ' s comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident ' s abilities in activities of daily living do not diminish unless circumstances of individual ' s clinical condition demonstrate that diminution was unavoidable. This includes the resident ' s abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communications systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>These Requirements are NOT MET as evidence by:</p> <p>Based on observation, record review, and interview the facility failed to check for placement of gastrostomy tube (G-tube) before administering flush/medication for 4 of 4 residents (R4, R6, R8, and R14) reviewed for gastrostomy tube medication administration in the sample of 31.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 8/30/2016 at 12:01 PM, E12, Licensed Practical Nurse, (LPN), prepared a 240 cubic centimeter (cc) flush. E12 entered R14's room, pulled down the sheet to obtain R14's Gastrostomy tube, attached the syringe and poured the 240 cc flush into the G-tube without checking for placement.</li> <li>On 8/30/2016 at 12:24 PM E12 prepared 4 medications for R4. E12 crushed separately three medications putting each crushed medication in a separate medication cup then added 10 cc of water. E12 poured the fourth medication from the medication bottle and placed the medications in a medication cup with 10cc's of water. E12 entered R4's room, pulled down the sheet to obtain R4's G-tube, attached the syringe and administered the medication to R4 without checking for placement of the G-Tube.</li> <li>On 8/30/2016 at 12:41 PM E12 prepared 4 medications for R6 with a 200 cc flush. E12 entered R6's room, pulled down the sheet to obtain R6's G-tube, attached the syringe and administered the medication to R6 without</li> </ol>	S9999		

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S9999	<p>Continued From page 7</p> <p>checking for placement then poured the water flush into the G-tube.</p> <p>4. On 8/30/2016 at 3:14 PM E12 prepared 2 medications for R8, crushed separately each medication and placed in a medication cup and added 10cc's of water. E12 entered R8's room, pulled down the sheet to obtain R8's G-tube, attached the syringe and administered the medication to R8 without checking for placement then poured the water flush into the G-tube.</p> <p>On 8/31/2016 at 3:41 PM E12 LPN was asked about checking G-tube placement before giving medication, E12 replied "We check placement once a shift."</p> <p>On 9/2/2016 at 8:45 AM, E2 ,Director of Nurses, (DON), was asked about checking gastrostomy tube placement before giving medication, E2 replied, "I expect the tube to be checked any time something is put down that tube."</p> <p>The Facility Policy entitled Maintaining Patency of a Feeding Tube (flushing), dated July 2014 in part documents, "To maintain patency of a feeding tube: 1. Verify tube placement via aspiration of gastric contents or auscultation of air instillation."</p> <p>d) Pursuant to subsection (a) general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular shall be properly administered.</p> <p>These requirements are NOT MET as evidenced by:</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>Based on observation, interview, and record review the facility failed to give the correct dose of medication, and give medication at the correct time. There were 30 opportunities with 3 errors resulting in a 10% medication error rate. The errors involved two residents (R8 and R14) in the sample of 31 residents observed during medication administration.</p> <p>Findings include:</p> <p>1. On 8/30/2016 at 12:01 PM E12 Licensed Practical Nurse, (LPN), prepared R14's medication. E12 prepared First Mouth Rinse 10 milliliters, (ML), and Natural Fiber 1 teaspoon. E12 mixed the Natural Fiber in 6 ounces of water. E12 entered R14's room and placed the medication on R14's over bed table. R14 drank the Natural Fiber then drank the First -Mouth BLM Suspension and continued eating his noon meal.</p> <p>The Physicians Order Sheet, (POS), dated 8/1/2016 through 8/31/2016 documents "First -Mouth BLM Suspension take 10ML by mouth q (every) 4 hours by mouth for oral hygiene/mouth discomfort 1:30 AM, 5:30 AM, 9:30 AM, 1:30PM, 5:30PM. The POS Natural Fiber 1 scoop in liquid TID, (three times per day)." The manufacturer's instruction label documents serving size one rounded (Tablespoon) Tbsp."</p> <p>2. On 8/30/2016 at 3:14 PM E12 LPN prepared R8's medication Furosemide 80 milligrams, (mg), Lansoprazole 30mg. E12 LPN prepared 2 medications for R8, crushed separately each medication and placed in a medication cup and added 10cc's of water. E12 entered R8's room, pulled down the sheet to obtain R8's Gastrostomy</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>tube, (G-tube), attached the syringe and administered the medication.</p> <p>R8's POS dated 8/21/2016 documents, "increase lasix, (Furosemide), to 80mg BID( twice daily)."</p> <p>On 9/2/2016 at 12:37 PM Z5 Pharmacist when asked what he would expect with a medication that is BID stated, "I would expect that it should be given to a resident during waking hours." When Z5 was asked if Furosemide was given as an AM dose is it too soon to give it at 3PM? Z5 said, "I think that is too close of a time span."</p> <p>On 9/2/2016 at 1:03 PM Z6 Medical Director said, "I do not like BID doses, I would not give a BID dose before an eight hour time span."</p> <p>The facility's policy entitled "Medication Pass" inpart documents "2. The Nurse should commence medication administration within sixty (60) minutes before the designated times of administration and should be completed by sixty (60) minutes after the designated time of administration.</p> <p>d) Pursuant to subsection (a) general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents ' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These requirements are NOT MET as evidence by: Based on observation, interview and record</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>review the Facility failed to implement interventions to prevent falls for 2 of 4 residents (R21 and R13) reviewed for falls in the sample of 31 residents.</p> <p>Findings include:</p> <p>1. R21's August 27, 2016 Physician Orders Sheet (POS) documents R21 was a male with a diagnosis in part, of dementia and vertigo.</p> <p>R21's Minimum Data Set (MDS), dated 06/05/2016, document in part, R21's cognition is severely impaired and his balance was rated as not steady but able to stabilize without staff assistance from moving from seated to standing position, walking, turning around, moving on and off the toilet and surface to surface transfer.</p> <p>On 09/07/2016 at 8:31 AM R21's bed had a canoe mattress and there was a mat next to his bed on the floor next to the window. There was no bed alarm present on R21's bed.</p> <p>On 09/07/2016 at 8:45 AM, E10, CNA stated "I think R21 is suppose to have a bed alarm, No. I do not see any bed alarm either. "</p> <p>R21's medical record documented R21 had falls on 03/14/2016 in the bathroom, 03/15/2016 in the bathroom, 05/06/2016 two falls in the same day in the bathroom, again on 05/25/2016 both in the bathroom and 07/27/2016 found in the bathroom.</p> <p>R21's Care Plan with a Goal Date of 11/04/2016 document R21 as at risk for falls related to mobility and unaware of safety limitations, due to cognitive deficit. R21's Care Plan under the Category of Falls with a Free of Injuries goal date of 11/4/2016. Interventions for a fall on</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>05/16/2016 documents "bed alarm placed on bed.</p> <p>On 09/06/2016 at 1:12 PM, E4, Certified Nursing Assistant (CNA) stated " Yes, I remember (R12) falling back in July. I was working and heard a big bang and (R12) was yelling for help. He busted his arm up pretty good and had a fracture. (R21) did not have an alarm on his bed so it was not sounding and he was getting up to go to the bathroom. There was no alarm on his bed sounding because there was no alarm, I would have heard the alarm if there was one."</p> <p>The Fall Policy with a revision date of July 2014 document in part, It is the policy of the Facility to assess and manage resident falls through preventions, investigations, and implementation and evaluations of interventions. 2. Residents identified as high risk will have fall prevention addressed on the plan of care.</p> <p>2. R13's Physician's Order Sheet, dated August 2016, documented R13 had the following diagnoses, in part as, Alzheimer's Disease, Repeated Falls, Syncope and Collapse, Cerebrovascular Accident with Left Sided Hemiparesis, Pathological Fracture and Urinary Urgency.</p> <p>R13's MDS, dated 06/12/16, documented R13 was moderately cognitively impaired and required limited assist of one staff for transfer, and extensive assist of one staff for dressing, hygiene and toilet use. The MDS also documented R13 was frequently incontinent of both bowel and bladder with no toileting program listed.</p> <p>R13's Care Plan, dated 06/14/16, documented R13 had cognitive impairment with behaviors and</p>	S9999		
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NAME OF PROVIDER OR SUPPLIER  <b>HELIA HEALTHCARE OF BELLEVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 NORTH 64TH STREET BELLEVILLE, IL 62223</b>
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S9999	<p>Continued From page 12</p> <p>required assistance routinely and as needed. R13 was identified as at risk for falls related to poor balance and cognitive deficits. It also documented as interventions, in part as, R13 to be observed frequently and place in supervised area when out of bed; call light within reach at all times; verbal reminders to not ambulate and transfer without assistance; staff to monitor R13 while self toileting; and wheelchair alarm.</p> <p>On 08/30/16 at 12:10 PM, R13 was in her wheelchair in her room with the door closed. There were no staff present. R13 could not answer any questions.</p> <p>On 08/30/16 at 12:35 PM, R13 was propelling herself in her wheelchair down the 100 and 200 halls. At 12:40 PM, R13 attempted to leave through the 100 hall exit door by the nurses station. The door alarm sounded and staff retrieved R13; however R13 made it completely outside toward the parking lot before staff reached her.</p> <p>On 08/30/16 at 1:24 PM, R13 was following a family outside the front door of the facility. Z3, Corporate Auditor, retrieved R13 and brought back into facility. R13 was repeatedly stating "I'm going to Keisha's house." E2, Director of Nursing stated she would call for R13 and she said no. R13 propelled herself down the 200 hall.</p> <p>On 08/31/16 at 3:45 PM, R13 was sitting in her wheelchair at the front desk with no staff present. R13 would repeatedly attempt to push open the door. At 3:55 PM, R13 was observed in her wheelchair propelling around in the lobby area. There were no staff present in the area at that time.</p>	S9999		
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S9999	<p>Continued From page 13</p> <p>An Incident Report, dated 06/13/16, documented R13 was found on the floor in her bathroom. It documented R13 self toileted. The intervention put into place was to add a wheelchair alarm.</p> <p>An Incident Report, dated 08/21/16, documented R13 was found on the floor after attempting to open the door to the room. It documented that the wood had swollen due to the humidity. The intervention put into place was to shave the door to open more easily. The door was observed to open easily on 08/30/16. There were no new documented interventions to address the fact that R13 was in her room alone with the door closed.</p> <p>On 09/01/16 at 10:45 AM, Z3, Corporate Auditor, stated that R13 has behaviors of refusing care and assistance with toileting and transferring. She stated R13 had removed chair and bed alarms by disconnecting or removing batteries. She stated that R13 was the most supervised resident in the facility, however R13 had some incidents when she was not observed by staff and had falls. She also stated this was not R13's normal routine or behavior of trying to leave the facility, but once she gets her mind set on something, she perseverates on that particular thing.</p> <p>On 09/01/16 at 11:00 AM, E1, Administrator stated that R13 has had multiple falls in the past. She stated staff try hard to keep an eye on R13 as much as possible.</p> <p>(B)</p> <p>300.1220b)3)</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility including: 3) Developing an up-to-date resident care plan for each resident based on the resident ' s comprehensive assessment, individual needs and goals to be accomplished, physician ' s orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident ' s condition. The plan shall be reviewed at least every three months.</p> <p>These requirments are NOT MET as evidence by:</p> <p>Based on interview and record review the Facility failed to revise Care Plans for 4 of 6 residents (R5, R10, R19, and R21) reviewed for Care Planning in the sample of 31.</p> <p>Findings include:</p> <p>1. R10's Physican Order Sheet (POS) dated 08/24/2016 R10 has a diagnosis in part, of anxiety disorder and bi-polar disorder. R10 is currently taking 20 milligrams (mg) of Latuda daily by mouth, with supper. Latuda is classified by the Facility as an antipsychotic medication. R10's Minimum Data Set (MDS) dated 07/03/2016 document R10 as moderately cognitively impaired.</p> <p>On 08/30/2016 at 12:18 PM, R10 was sitting in his room eating his lunch. There was a strong foul urine odor coming from the room. R10's shirt</p>	S9999		
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S9999	<p>Continued From page 15</p> <p>had a dry stain the size of a softball on his shirt and he was not well groomed, his facial hair was unkempt.</p> <p>On 08/30/2016 at 12:20 PM, E3, Licensed Practical Nurse (LPN), stated "I think (R10) refuses showers. I know we try but he is not always cooperative in getting a shower."</p> <p>On 08/30/2016 E2, Director of Nursing (DON) stated "(R10) refuses showers and it is a challenge for us to get him to take one."</p> <p>On 08/30/2016 at 3:05 PM, E13, LPN, stated "We attempted to give (R10) a shower today and he refused. He said he would take one tonight. We did clean his room today to try and eliminate the odor. We will try again tonight for the shower."</p> <p>R10's Care Plan with a Goal date of 10/07/2016 does not document anywhere R10 refusing showers or addressing any odors or grooming issues. R10's Care Plan does not address any bipolar behaviors, auditory hallucinations, and/or infrequent paranoia. The Care Plan also does not address the use of the Latuda, or any black box warning for the use of an antipsychotic medication.</p> <p>On 08/30/2016 at 4:34 PM, E2, DON states "(R10) was seen by (Z4, Psychiatric Mental Health Nurse Practitioner) for his bipolar disorder. (R10) used to be homeless and he does have some behavioral issues and (Z4) started him on Latuda."</p> <p>2. R21's August 27, 2016 POS documents R21 is a male with a diagnosis in part, of dementia and vertigo. The MDS dated 06/05/2016 document in part, R21's cognition is severely impaired and his</p>	S9999		
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S9999	<p>Continued From page 16</p> <p>balance was rated as "not steady but able to stabilize without staff assistance from moving from seated to standing position, walking, turning around, moving on and off the toilet and surface to surface transfer."</p> <p>R21's Care Plan with a Goal Date of 11/04/2016 documents R21 as at risk for falls related to mobility and unaware of safety limitations, due to cognitive deficit. R21's Care Plan under the Category of Falls with a Free of Injuries of a goal date of 11/4/2016 document in part, 05/25/2016 "Resident took self to bathroom-found on floor-no injury." The intervention documents "staff re-educated related to toileting at least every 2 hours and as needed." This is the same intervention listed for a fall which occurred on 05/06/2016 with no other intervention listed.</p> <p>On 09/01/2016 at 10:48 AM, E11, Temporary Care Plan Coordinator stated "I am just helping out right now our previous Coordinator just walked out and I am just filling in. I am not sure why the Care Plan was not updated correctly for (R10) and (R21)."</p> <p>3. R5's Physician Order Sheet (POS) dated 08/01/16 documents R5 has a pressure ulcer to her coccyx.</p> <p>R5's Pressure Ulcer Care Plan dated 07/19/16 did not document R5's pressure ulcer to her coccyx.</p> <p>R5's Care Plan dated 08/31/16 documents R5 has a recurring pressure ulcer from 04/05/16, and it is a stage 4 ulcer.</p> <p>4. R19 R5's POS dated 08/01/16 documents R5 has a diagnosis of gait instability.</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>R19's Minimum Data Set dated 05/01/16 documents R5's balance when moving from seated to standing, walking, turning around, and moving on and off the toilet is not steady and can only be stabilized with staff assistance.</p> <p>R19's Care Plan dated 08/05/16 does not document R19's recent falls on 08/15\16, 08\19\16, and 08/22/16.</p> <p>On 09/07/16 at 12:30 PM E2 stated "We have staff coming from another facility to work on the Care Plans."</p> <p>The Plan of Care Policy with a revision date of June 2014 document in part, "After the Initial Plan of Care is created with the MDS/ Care Plan Coordinator will review it and made additions as needed. 4. As the Initial Plan of Care is revised the discontinued information should be highlighted and the new information should be added."</p> <p>(C)</p>	S9999		