

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005953	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2019
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NAME OF PROVIDER OR SUPPLIER MEADOW MANOR SKILLED NURSING & REHA	STREET ADDRESS, CITY, STATE, ZIP CODE 800 MCADAM DR TAYLORVILLE, IL 62568
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S 000	<p>Initial Comments</p> <p>Annual Licensure Certification Survey</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>(1 of 3)</p> <p>300.610a) 300.1210b) 300.1210d)2)5) 300.1220b)3) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological</p>	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

03/01/19

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S9999	<p>Continued From page 1</p> <p>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.</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>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>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</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>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>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met evidenced by:</p> <p>Based on interview, observations, and record review, the facility failed to identify, assess, treat and monitor pressure ulcers for 3 of 8 residents (R25, R32, and R33) reviewed for pressure ulcers in the sample of 26. This failure resulted in a decline of R32's pressure ulcer from a stage II to unstageable in one week.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS), dated 12/27/18, identifies R32, with diagnoses of Quadriplegia. The MDS document R32 has no cognitive impairment, with a Brief Interview of Mental Status (BIMS) score of 15. R23 requires total assist of two staff for bed mobility, and care of incontinent of bowel movements and has a Foley catheter.</p> <p>The Skin Assessment documents R32, currently has a stage II pressure ulcer. To his right buttock that R23 was admitted with, from the hospital.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>The January 2019, Physician Order Sheet, (POS), documents the order, "cleanse area on L (left) buttocks, apply (hydrocolloid dressing), change q (every) 72 hours and prn (as needed) until healed" dated 1/24/2019. The POS, also, documents the order, "Theraworks skin barrier, spray to bilateral buttocks for MASD (moisture associated skin damage) q 4 hours" dated 12/13/18.</p> <p>At 9:50 am on 1/30/19, R32 was in his wheelchair, in his room at his bedside. R32 stated, he has a sore on his back side and currently, does not have a dressing on it. R32 stated he has been in his chair since before breakfast.</p> <p>At 9:55 am on 1/30/19, R32 was transferred to bed via a full body mechanical lift, by V7 and V8 Certified Nurse's Aides (CNA's). R32 had two larger braised scabbed areas across his sacrum, multiple open pinpoint areas across upper buttocks and an ulcer on inner right buttock, which was irregular in shape, with a beefy red, bloody area with slough (dark) area on the bottom of the wound. R32 had dried bowel movement, on his inner buttocks and on his scrotum, but did not have bowel movement on his incontinent pad at this time. V2, Director of Nurses (DON), who entered the room as the CNA's were preparing to provide incontinent care stated, "They use Theraworks as a barrier to his bottom" when asked about a dressing. Incontinent care was done by V7, who only used one wet wash cloth with no soap. V7 then sprayed barrier cream on R32's inner buttocks, by the rectum, but there was no (hydrocolloid dressing) on the area ordered or in the bed sheets or clothes. R32 had deep creases across bilateral buttocks, back and</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>upper thighs, that remained red/white during the entire observation. No fluids were offered with care.</p> <p>On 1/30/18 at 10:10 am, V8, CNA, confirmed R32 was up at 7:15 am that morning and has not returned to bed, or repositioned in the 3 hours up.</p> <p>R32's Care Plan, dated 12/26/18, documents a Focus as "Potential for impaired skin integrity related to: Requires assist with turning and repositioning: one to two person assist with bed mobility and two person assist with (mechanical lift), Impaired mobility, Incontinence" impart and "6/22/18 readmission with two, stage 2 pressure areas noted, with need for monitoring and treatment, to assure proper healing 9/18/18 stage 2 open area right buttock, 11/1/18 moisture associated skin damage to coccyx/sacrum." The goal is for R32 to have "No new pressure ulcers will develop in the x 90 days." "Wounds will show signs of improvement by next review."</p> <p>Interventions include: 11/01/18 Treatment to MASD as ordered until healed. Dry under skin folds thoroughly each day. Risks: r/t (related to) obesity, head to toe skin assessment, weekly with bathing and PRN (as needed). Monitor skin daily with cares and report any changes to MD (Medical Doctor), keep heels afloat with pillow or bath blanket rolled, heels are not to touch bed. Treatment to impaired skin integrity areas as ordered. Monitor to assure dressings intact each shift. Notify MD of any s/s (Signs/Symptoms) of infection, failure to heal or deterioration in wounds, Pressure reducing mattress to bed, Pressure reducing cushion - wheelchair, apply Lotion to skin following bathing, observe skin integrity during am/PM care, Maintain HOB (head of bed) in lowest possible position, Notify MD promptly of skin breakdown, Encourage PO (oral)</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>intake, Provide pericare, Evaluate Skin Weekly, and reposition frequently in bed.</p> <p>R32's Braden Risk Assessment, dated 12/5/18, for Pressure ulcer development is scored at moderate risk even though he currently has a pressure ulcer.</p> <p>A skin assessment, dated 1/31/19, documents R32's right buttocks has an acquired pressure ulcer, and on 1/24/19. Pressure ulcer is a stage II with granulation tissue present with no necrosis or slough measuring 2.5 cm (centimeter) x 3.5 cm x 0.1 cm. The order for the (hydrocolloid dressing) is to be continued.</p> <p>On 1/31/19 at 3:51 PM, V20, Registered Nurse/Wound Nurse, stated she does measurements ulcers only on Thursday and R32's pressure ulcer has really gotten bigger and declined since last week. V20 also stated he now has a new pressure ulcer, which measures 1 cm x 1 cm x 0.1 cm right below the other one. V20 stated "the CNA's need to tell the nurse if the dressing is not in place and not get the resident up until it is." When told R32 had no dressing on the morning of 1/30/19 and had been up for extended time, V20 stated, "That could explain the decline."</p> <p>On 2/4/2019 at 3:35 PM, V26, R32's Physician, stated he was aware, of R32's pressure ulcers and would expect the staff to follow treatment orders.</p> <p>2. The MDS, dated 12/19/18, identifies R25 as having severe cognitive impairment and requires extensive assist of staff for bed mobility and total assist of two for transfers. The MDS documented R25 to be incontinent of bowel and bladder</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>always.</p> <p>On 01/29/19 at 11:20 am, during a skin check, R25 had two areas on her feet not identified on the pressure ulcer list. One was on the right outer ankle that was brown/red in color and approximately 1 cm in circumference. The other was on top of her 5th digit, on left foot. R25's heel protectors were setting on her over bed table and not on her feet. She had a foam dressing to her right gluteal fold, dated 1/28/19. R25 had a quartered folded sheet and two cloth incontinent pads under her. R25 was not offered fluids by V4 or V5, CNAs, who provided care at that time.</p> <p>The January 2019 POS documented an order for Duoderm to Right ischium q72 (every 72 hours) hours and prn, Cleanse left outer ankle area with wound cleanser & apply SurePrep protective wipe as preventative treatment every shift. The POS also, documented the order, "every shift for Preventative skin care."</p> <p>The most current care plan, documents R25, to be at risk for impaired skin integrity related to: Impaired mobility, Poor PO intake, Incontinence, History pressure ulcer, Non-Complaint with turning and repositioning- staff will reposition and res. will move self-back. Slides in bed and in wheel chair skinned area to side of face identifying on 9/30/18, a stage 2 ulcer was identified on her right ischium. The ulcer was documented as healed on 12/6/18 and then reopened. The care plan does not reflect the ulcers on her feet or the need to utilize the heel protectors.</p> <p>On 1/31/19 at 2:45, when V2 was asked if she observed the open areas on R25's feet, V2, DON, stated "she did look and saw nothing." At 2:47</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>PM, R25's feet were observed, with V2, to have a brownish red scab on her outer right ankle. V2 responded, "Well, I didn't see that because, I thought you said left side before."</p> <p>3. According to the Admission Sheet, R33 was originally admitted to the facility on 10/03/18. The MDS, dated 12/28/18, identifies R33 as cognitively intact with a BIMS score of 15 and requires one, staff assistance for most activities of daily living.</p> <p>On 1/30/2019 at 1:30 PM, V6, Licensed Practical Nurse (LPN), and V13, CNA, assisted R33 to stand up from the recliner. When V6 spread R33's butt cheeks, a curled up Duoderm was observed. V6 removed the Duoderm, unrolled it, and stated that the date on the Duoderm was 1/26/2019. R33 had an open area stage II pressure ulcer on her inner butt cheek. R33 requested to walk across the room and sit in another chair. Upon R33 sitting down, a white folded cloth was noted sticking out from between R33's legs. R33 stated that the CNA's place it there because, her urinary catheter has been leaking for approximately a month. V2, DON, stated, "No, they place it there due to (R33's) upper thighs rub together causing blisters." V2 then removed the white pillow case from between R33's legs and a large stain was observed with a strong pungent urine odor was detected. V2 stated she would be replacing the catheter.</p> <p>R33's Physician's orders, dated 1/19/2019, documents the orders Duoderm q72 hours and prn to Right inner buttocks and Apply Theraworks foam/spray to bilateral buttocks & thighs apply q 4 hours.</p> <p>R33's Care plan, dated 12/26/2018, documents Potential for pressure ulcer development related</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>to Diabetes Mellitus, obesity; Instruct/assist with reposition in bed every 2 hours; Observe skin integrity during am/PM care; Duoderm q72 hours and prn to Right inner buttocks.</p> <p>R33's Treatment Administration Record (TAR) documents R33's Duoderm was changed 1/29/2019.</p> <p>On 1/30/2019 at 1:30 PM, R33 stated, "My dressing (Duoderm) was not changed yesterday (1/29/19), it's been a few days back."</p> <p>Facility's Pressure Ulcer, Prevention of policy and procedure, dated 2006, documents the purpose, "To prevent skin breakdown and development of pressure sores." The Procedure includes Apply moisture barrier gently to dry skin; Position with appropriate surfaces to protect bony prominences; Establish a turning and positioning schedule in bed and chair to meet the resident's needs; Use pressure reducing or relieving devices as necessary.</p> <p>(B)</p> <p>(2 of 3)</p> <p>300.610a) 300.1210b) 300.1210d)3) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide 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.</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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met evidenced by:</p> <p>Based on observation, record review, and interview, the facility failed to recognize, evaluate and manage pain for 1 of 1 resident (R20) reviewed for pain management in the sample of 26.</p> <p>Findings include:</p> <p>On 01/30/19 at 8:40 AM, R20 was lying in bed with a worried look on her face. R20 stated she was having severe pain of her right middle thigh after falling 01/29/19. R20 stated the pain was unbearable when her right leg was moved. On 01/30/19 at 9:15 AM, R20 was lying in bed and stated she was no better. She stated if she could lay still there was little or no pain. She stated when her right leg was even slightly touched she was in terrible pain. R20 rated the highest pain at seven or eight on a scale of ten. At 9:25 AM, V23, physical therapy, was observed during diathermy treatment to the right leg. R20 yelled out in pain when the right leg was slightly repositioned. R20 said she had just received a "pain pill" and it does not help when the right leg was moved. R20 stated she had to use a bed pan now when she was independent with toileting before the fall.</p> <p>The January 2019 Physician's Order Sheet (POS) documented R20 had the following diagnoses, in part as, Cerebral Infarction, Paralytic Syndrome, Dysarthria and Anarthria, history of falling,</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>hemiplegia/paresis, pain and degenerative disc disease. It also documented an order for Ultram (Tramadol) 50 mg every six hours as needed for pain. On 01/29/18, a telephone order for Tramadol 50 mg every four hours as needed for severe pain for two days.</p> <p>The Minimum Data Set (MDS), dated 12/05/18, documented R20 was cognitively intact was independent with set up only for bed mobility, transfers and dressing. It also documented R20 required extensive assist of one staff for ambulation, and supervision with set up only for toileting. The MDS, dated 01/29/19, documented R20 was independent with one staff for transfers, extensive assist of one staff for ambulation and supervision on one staff for toileting.</p> <p>The care plan, dated 11/05/18, documented R20 was identified as high risk for falls and intervention to monitor for pain and administer medications to treat. The fall risk assessment, dated 12/04/18, documented R20 was at high risk for falls.</p> <p>The January 2019 Medication Administration Record (MAR) documented at 5:15 PM, after returning from the emergency department, rated her pain nine out of ten and documented R20 was administered a dose of Tramadol 50 mg. At 9:34 PM, the MAR documented the medication was ineffective with a six out 10 pain rating. The MAR documented Tramadol 50 mg was administered, and documented as effective. On 01/30/19 at 4:28 AM and 9:29 AM, R20 rated her pain at seven out of 10 with Tramadol 50 mg administered each time. At 3:56 PM, R20 rated her pain at six out of ten and administered Tramadol 50 mg. On 01/31/19 at 7:40 AM, the MAR documented R20 rated her pain at four out</p>	S9999		
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S9999	<p>Continued From page 12</p> <p>of ten and administered Tramadol 50 mg. On 02/01/19 at 8:53 AM, documented R20 rated her pain at seven out of ten and given Tramadol 50 mg that was ineffective. At 2:16, R20 rated her pain at five out of ten and given Tramadol 50 mg. There were no follow up or post fall nurse's notes indicating that R20 continued to have severe pain with movement of the right leg.</p> <p>On 02/01/19 at 10:30 AM, V25, Licensed Practical Nurse, stated R20 had a portable x-ray done on 01/31/19 of the right leg and stated the result was negative. V25 stated R20 had no change in medications since the fall. V25 stated she was aware R20 had a lot of pain with movement, but very little just lying in bed. An attempt was made on 02/01/19 to interview V22, physician, but physician was not in the office.</p> <p>The policy titled, "Covenant Care Operating Standard Pain Management Process," documented "Practice: It is the responsibility of the licensed nurse to consistently assess, manage, and monitor pain for all residents. The results of the assessment, effectiveness of the pain intervention, and monitoring of behaviors are necessary components within the documentation."</p> <p style="text-align: center;">(no violation)</p> <p>(3 of 3)</p> <p>300.610a) 300.1210b) 300.1210d)3) 300.1220b)2)</p>	S9999		
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S9999	<p>Continued From page 13</p> <p>Section 300.610 Resident Care Policies</p> <p>a)The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide 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.</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>3)Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and</p>	S9999		
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S9999	<p>Continued From page 14</p> <p>determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b)The DON shall supervise and oversee the nursing services of the facility, including: 2)Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met evidenced by:</p> <p>Based on interview, observation , and record review, the facility failed to assess and monitor residents for range of motion limitations and failed to perform passive range of motion (PROM) correctly for 4 of 6 residents (R3, R25, R32, R33) reviewed for range of motion (ROM) services in the sample of 26. This failure resulted in decline in range of motion for R25 and R33.</p>	S9999		
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S9999	<p>Continued From page 15</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS), dated 12/19/18, documents R25 to have severe cognitive impairment with a Brief Interview of Mental Status (BIMS) score of 6. The MDS documents R25, has upper and lower bilateral limitation with ROM provided 7 days a week.</p> <p>The Care plan, dated 12/17/18, identifies a "Decline with bilateral lower extremity leg, knee, foot, related to: contracture(s) of knees," and has arthritis. The care plan documents R25 will refuse at times. The goals are to "To maintain and prevent further contractures: bilateral, lower extremity.</p> <p>Through review date resident has contractures to both bilateral lower extremities." Interventions include: Allow rest periods when needed, Monitor for contracture(s) and alert nurse to change, Monitor for signs of pain, or stiffness and alert nurse to change, Monitor for signs of redness or open areas and alert nurse to change, PROM #1 to: bilateral lower extremity at: 15 reps with no weight BID (twice daily) with one assist- Knee extension hold 10 seconds x 5 minutes each leg and Report any decline to therapy and nursing.</p> <p>On 2/1/19 at 11:30 am, V23, Therapy Director, provided the last assessment done on R25's knees for degrees of limitations. The Therapy Communication Report, dated 11/9/16, documents R25 is to have bilateral knee braces to prevent knee flexion beyond 90 degrees with approaches being "passive slow stretch to bilateral knee extensions, hold 10 seconds each day, wear knee braces 45-60 minutes per day. V23 stated R25 often refused to wear the braces, but staff should be doing PROMs regardless.</p>	S9999		
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S9999	<p>Continued From page 16</p> <p>The MDS, dated 3/29/18, identifies only limitations of R25's lower extremities, but the MDS completed on 6/20/18 and subsequent MDS document R25 to have limitations bilateral upper extremities as well. There is no evidence the facility identified this change as a decline and notified the therapy, or physician.</p> <p>There is no further assessment done to determine why this decline occurred with R25 even though she was documented as receiving PROM's twice daily and no assessment to determine the degree of decline.</p> <p>On 2/1/19, V1, Administrator, stated the only assessment done was with the quarterly MDS and no assessment done which measures limitations.</p> <p>On 1/29/19 at 11:20 am, R25 was transferred to wheelchair using a full body mechanical lift. At 11:30 am, R25 propelled herself to dining room table from her room. Both feet were dangling from chair off the floor 4-5 inches with no support provided to her feet.</p> <p>2. The MDS, dated 11/5/18, identifies R3 to be a 67 year old female with a BIMS score of 4 indicating severe cognitive impairment. The MDS documents R3 to be totally dependent on staff for all activities of daily living and limitations on bilateral lower extremities which she gets ROM 7 days/week.</p> <p>A Therapy Communication Form, dated 8/10/17, documents a Restorative Program for R3 with approaches for R3 to wear bilateral knee braces at all times, unless for hygiene need to decrease risk for further contracture on right knee and</p>	S9999		
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S9999	<p>Continued From page 17</p> <p>lessen chance for contracture development in left knee.</p> <p>R3 did not have knee braces on during observations made throughout the days on 1/29/19, 1/30/19 and 1/31/19.</p> <p>On 1/31/19 at 1:53 PM, V9, CNA, performed PROMs on R3. R3 was lying in bed on her back with her head elevated on her pillow, knees bent with feet resting on bed. R3 appeared to understand, when V9 explained she was going to do ROM exercises, with her by shaking her head. When asked if she could straighten her legs, shook her head no. V9 did 5 reps on three planes failing to do horizontal abduction/adduction, internal/external rotations and hyperextension on the shoulder joint. No elbow range of motion was completed. V9 failed to do ulnar/radial deviation and circumduction of the wrist joint. No ROM done for R3's finger joints, thumb joints, hip joints, ankles or toes. V9 stated she does the ROM three times daily.</p> <p>On 2/1/19 at 11:25 am, V23, Therapy Director, stated R3 would refuse to wear her braces and they haven't done any assessments since 8/10/17 on her. V23 stated staff should do range of motion on all joints in an effort to prevent further decline, reduce pain and maintain functional ability when possible.</p> <p>The care plan, dated 11/2/17, documents the Focus as being "Decline with bilateral lower extremity leg, knee, foot related to contracture of right knee continues and history of left was resolved by therapy, joint mobility, weakness related to the CVA, resident is non-compliant at times with ROM and straightening legs out at times." The goal is to maintain and prevent</p>	S9999		
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S9999	<p>Continued From page 18</p> <p>further contractures with interventions for AROM(active range of motion) to left extremity for 15 repetitions, monitor for contractures an any decline in contractures of knees and alert nurse of changes in part.</p> <p>On 2/1/19 at 1:30 PM, V1 provided the only assessment done for ROM for R3 which is an Interdisciplinary team assessment and progress note dated 1/31/19 which documents functional ROM limitations for one side upper extremity and bilateral lower extremities indicating a decline has occurred which includes limitations now on the upper extremity. Under "other comment", it documents "right knee slight contracture cont. (continued), unable to have full extension no decline."</p> <p>3. The Minimum Data Set (MDS) dated 12/27/18 identifies R32 as a 66 year old male with a diagnoses of Quadriplegia in part. The MDS, documents, R32, has no cognitive impairment with a BIMS score of 15 and has limitations bilaterally upper and lower extremities and receives PROM daily.</p> <p>On 1/30/19 at 9:55 am, R32 was transferred to bed by V7 and V8, Certified Nurse Aides (CNA's), using a full body mechanical lift. R32's feet were extremely edematous and foot drop was noted bilaterally.</p> <p>On 1/30/18 at 10:30 am, R32 stated no staff does ROM or any exercises on him.</p> <p>The Care Plan, revised on 8/2/17, documents R32 has a "decline with bilateral upper and lower extremities related to joint mobility" due to diagnoses of paraplegic, pain, arthritis, at times</p>	S9999		
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S9999	<p>Continued From page 19</p> <p>will refuse to do things for self prefers staff to do everything for him, when staff encourages resident to do things for himself will become upset and refuses. The goal is to "maintain range of motion to bilateral upper and lower extremity thru next review." Interventions include monitoring for contractures and alert nurse to change, program to include encouraging resident to do ROM to upper extremities on his own, CNA assist as needed, PROM to upper and lower extremities BID (twice daily) 2 sets of 15 repetitions, and report any decline to therapy and nursing in part.</p> <p>On 1/31/19 at 1:45 PM, V7, CNA, failed to range all joints as indicated for R32. V7 failed to do abduction/adduction, flexion/extension and internal/external rotation of the shoulder joint, failed to do supination/pronation of the elbow joint, failed to do ulnar/radial deviation and circumduction of the wrist joint, abduction/adduction of the fingers, no range done for R32's thumb or hip joints, failed to do inversion/eversion of the ankle joints and flexion/extension of the toe joints. V7 only did 10 repetitions. V7 was finished at 1:49 PM.</p> <p>On 1/31/19 at 2:30 PM, V17, Licensed Practical Nurse (LPN)/MDS Coordinator, stated the facility does not have a restorative nurse and she completes the sections of the MDS for ROM, but does not do any other assessments. V17 stated she is unaware of any documentation done in regards to assess actual limitations.</p> <p>On 2/1/19 at 10:35 am, V1, Administrator, stated Physical Therapy would do assessments on admission and or if they went on Plan B Medicare or if they identified a need for a resident.</p>	S9999		
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S9999	<p>Continued From page 20</p> <p>On 2/1/19 at 11:25 am, V23, Therapy Director, stated they use to do annual screens for range of motion, but have not done them for a while now. V23 stated they last saw R32 in June 2016, but that they would have recommended ROM to be done by nursing. V23 stated you would have to have an assessment regularly to be able to determine if a resident's ROM has increased, maintained and/or declined. When told ROM was observed to not be complete, V23 stated training is also necessary. V23 stated R32 has declined overall over the last year, but he would not be able to state whether or not the CNA's were doing exercises on him on a regular basis. V23 stated not only do contractures contribute to decline in functional ability, they are also painful.</p> <p>4. According to the Admission Sheet, R33 was originally admitted to the facility on 10/03/18.</p> <p>The Minimum Data Set (MDS) dated 12/28/18 identifies R33 with a Brief Interview Status of 15 cognitively intact and requires, one staff assistance for most activities of daily living. There is no functional limitations, to upper or lower extremities identified on MDS.</p> <p>On 1/29/2019 at 10:35 AM, R33 was observed sitting in a recliner inside room. R33 stated that she has been at the facility for a few months and when she first arrived she received physical therapy but that ended on 12/28/2018 was her last day. R33 held up her right arm showing her right hand contractures fingers straight slightly pointing down with a arch in palm area stating I can't hardly move my fingers anymore, that's why staff has to help me stand up because of my right hand. R33 stated that no staff comes to help me move my arms or legs; I don't receive any therapy now. The staff is always putting me off, I will ask them to assist me in walking and they are always</p>	S9999		
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S9999	<p>Continued From page 21</p> <p>in a hurry and they will tell me that they will get back to me and sometimes it takes 2-2.5 hours then they wanted me to go down and weigh. I'm always last, they keep putting me off. Staff becomes perturbed with me when I tell them I'm not comfortable.</p> <p>R33's Care Plan dated 12/26/2018 documents in part; Decline with walking skill due to: decreased activity tolerance and decreased gait will be able to walk with front wheel walker, gait belt, and 1 staff assist with w/c following daily through next review Resident to walk with assist of 1 staff, using front wheeled walker with w/c to follow. Use of gait belt for all transfers and ambulation, Report any decline to therapy and nursing.</p> <p>R33's IDT Assessment & Progress Note V 2 dated 12/28/2018 documents FUNCTIONAL ROM LIMITATIONS One-side upper extremity Current RNA programs: Ambulation/locomotion and ROM RUE has OA with shoulder pain and decreased flexion.</p> <p>On 1/31/2019 at 11:24 AM V9 Certified Nurse Assistant (CNA) stated she thinks R33 receives range of motion and walking services.</p> <p>On 1/31/2019 at 1130 AM V15 Licensed Piratical Nurse (LPN) stated that she believed R33 received physical therapy for her hand but she doesn't receive physical therapy any longer.</p> <p>On 2/1/2019 at 9:17 AM V14 Medical Doctor (R33's doctor) stated 'I haven't noticed the contracture to R33's hand, but would expect the facility to provide physical therapy, or range of motion services to resident.</p> <p>Restorative Therapy Referral dated 12/28/2018</p>	S9999		
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S9999	<p>Continued From page 22</p> <p>documents in part; Right upper arm has decreased range of motion due to pain. Goals: Pt. to complete HEP for RUE of AAROM and AROM. Pt. to ambulate 75 feet 2 to 3 times a day. Pt. to dress upper body with min assist.</p> <p>The Policy/Procedure entitled "Nursing rehab/restorative care program services" undated documents "Range of motion exercise is a program of passive or active movement that is focused on maintaining flexibility and useful motion in the joints of the body. Range of motion is essential for the ability to perform activities of daily living. Limitations in range of motion can severely restrict functional abilities. Range of motion exercise is beneficial to prevent contractures." The policy documents the goals of ROM activities are to prevent the formation of a contracture, increase joint motion to the best possible range, improve circulatory status, and to promote body alignment, resident appearance, comfort, function, and health. The policy fails to include assessments and frequency of, monitoring ROM exercises for effectiveness of treatment and the resident's response and progress or lack of.</p> <p>(B)</p>	S9999		
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