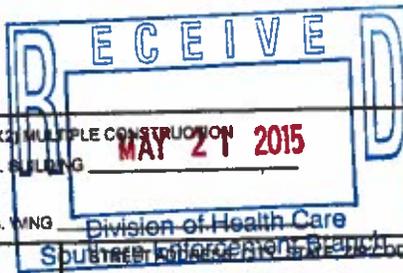


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 06/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185152	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING Division of Health Care Southern Management, Inc. 556 BOURNE AVENUE SOMERSET, KY 42501	(X3) DATE SURVEY COMPLETED C 05/04/2015
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NAME OF PROVIDER OR SUPPLIER SOMERWOODS NURSING & REHABILITATION CENTER	556 BOURNE AVENUE SOMERSET, KY 42501
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>An abbreviated standard survey (KY23117) was initiated on 04/20/15 and concluded on 05/04/15. The complaint was substantiated and Immediate Jeopardy was identified on 04/21/15 at 42 CFR 483.20 Resident Assessment (F280), 42 CFR 483.25 Quality of Care (F323), and 42 CFR 483.75 Administration (F490) at a Scope and Severity of "J" with Substandard Quality of Care at 42 CFR 483.25 Quality of Care (F323). Immediate Jeopardy was determined to exist on 04/01/15. The facility was notified of the Immediate Jeopardy on 04/21/15.</p> <p>On 04/07/15, Resident #1 exited from the facility without staff knowledge and was observed off facility grounds, walking down the street, by a facility staff member on her way home after completing a shift of work. Although the facility had identified Resident #1 to be at risk for elopement and implemented a wanderguard bracelet to ensure the resident's safety, the facility failed to ensure the bracelet was in place and that supervision was provided as required.</p> <p>An acceptable Allegation of Compliance was received on 04/30/15 which alleged removal of the Immediate Jeopardy on 04/28/15. A partial extended survey was conducted on 05/04/15. The State Survey Agency determined the Immediate Jeopardy was removed on 04/28/15 as alleged, which lowered the Scope and Severity to "D" at 42 CFR 483.20 Resident Assessment (F280), 42 CFR 483.25 Quality of Care (F323), and 42 CFR 483.75 Administration (F490) while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p>	F 000	<p><u>DISCLAIMER:</u></p> <p>Somerwoods Nursing and Rehabilitation Center (Somerwoods) acknowledges receipt of the Summary Statement of Deficiencies and proposes this Provider's Plan of Correction to the extent the summary of findings is factually correct; and in order to maintain compliance with applicable rules and provisions of the quality of care of residents. This Provider's Plan of Correction is submitted as a written allegation of compliance. Somerwoods' response to this Summary Statement of Deficiencies and plan of correction does not denote agreement with the Summary Statement of Deficiencies nor that any cited deficiency is accurate. Further, Somerwoods Nursing and Rehabilitation reserves the right to refute any of the deficiencies through informal dispute resolution, independent informal dispute resolution, formal appeal procedures and/or any other administrative or legal proceeding.</p>	
F 280	483.20(d)(3), 483.10(k)(2) RIGHT TO	F 280		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bruce Noyes, JMHHA, CDP TITLE: Admission Director (X6) DATE: 05/21/15

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

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F 280 SS=J	<p>Continued From page 1</p> <p>PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, review of the facility's investigation, and review of the facility's policies, it was determined the facility failed to review and revise the comprehensive care plan for one (1) of three (3) sampled residents (Resident #1) after a change in condition occurred. Review of Resident #1's Comprehensive Care Plan, with an effective date of 01/13/15, revealed the facility assessed Resident #1 as being at risk for wandering and at risk for unsupervised exits from the facility. The facility had initiated interventions that included</p>	F 280	<p>At approximately 2:50 p.m. on 04/07/15, Resident #1 was returned to the facility by staff without difficulty or incident. The Unit Coordinator, a licensed nurse, evaluated the resident. There were no signs distress or injury. The resident had no complaints.</p> <p>A licensed nurse reapplied the wander-guard bracelet to Resident #1. The Unit Coordinator verified the bracelet was applied securely.</p> <p>On 04/08/15, An "At Risk Wandering Assessment" form was completed, which determines the resident risk for wandering and elopement. This assessment reflected the change that the resident "had one or more attempts to leave the facility." The resident's comprehensive plan of care was revised by the MDS Nurse on this date to reflect the resident must be supervised when outside.</p> <p>Immediately following Resident #1's return to the facility, Members of the IDT ensured all residents were located and accounted for by staff. No residents were missing. Care plans for all residents with wander guards were</p>		

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F 280	<p>Continued From page 2</p> <p>ensuring the resident's wanderguard bracelet was in place. However, Resident #1 removed the wanderguard bracelet from his/her ankle on 04/01/15 and gave it to the nurse. Although staff was aware the resident removed his/her secure bracelet, they failed to review/revise Resident #1's comprehensive care plan to evaluate/consider additional interventions to protect the resident from exiting the facility unsupervised. (Refer to F323.)</p> <p>On 04/07/15, Resident #1 exited the facility without staff knowledge. A staff member, who was driving away from the facility after completing her shift at approximately 2:45 PM, discovered Resident #1. The staff member observed Resident #1 ambulating on the sidewalk beside a public street a short distance (approximately one-tenth of a mile) from the facility.</p> <p>The facility's failure to have an effective system in place to review/evaluate interventions on the care plan to prevent elopement placed residents at risk for elopement in a situation that is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was determined to exist on 04/01/15 at 42 CFR 483.20 Resident Assessment (F280), 42 CFR 483.25 Quality of Care (F323), and 42 CFR 483.75 Administration (F490), with Substandard Quality of Care at 42 CFR 483.25 Quality of Care (F323). The facility was notified of the Immediate Jeopardy on 04/21/15.</p> <p>An acceptable Allegation of Compliance was received on 04/30/15 which alleged removal of the Immediate Jeopardy on 04/28/15. A partial extended survey was conducted on 05/04/15. The State Survey Agency determined the</p>	F 280	<p>reviewed for accuracy. No concerns were identified.</p> <p>The Administrator reviewed with the Unit Coordinator and the MDS Nurse, on 04/08/15, that Resident #1 required an At Risk Wandering Assessment and a Care Plan Revision. The Director of Nursing (DON) reviewed the medical record, on 04/08/15, to ensure these tasks were completed.</p> <p>On 04/21/15, The RN Facility Consultant conducted training for the Administrator, Director of Nursing, QI Nurses, MDS Nurses, Unit Coordinators, Staff Development Nurse, Activities Director, Therapy Director, Social Services Staff, and Treatment Nurse, Changes in Behavior (resident removal of wander-guards) should be addressed by the IDT and the Care Plan Reviewed/Revised; At Risk Wander Assessments should be completed upon Admission, Quarterly, and with Significant Changes in condition. A post-test was completed.</p> <p>Beginning 04/08/15 the Interdisciplinary Team reviewed the shift reports no less than four times a week to ensure any resident with attempts to exit the facility or remove</p>		

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F 280	<p>Continued From page 3</p> <p>Immediate Jeopardy was removed on 04/28/15 as alleged, which lowered the Scope and Severity to "D" at 42 CFR 483.20 Resident Assessment (F280), 42 CFR 483.25 Quality of Care (F323), and 42 CFR 483.75 Administration (F490) while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p> <p>The findings include:</p> <p>Review of the facility's policy, "Care Planning," (dated July 2013) revealed the care plan would be reviewed if a serious problem occurred to determine if the facility was adequately addressing the resident's needs and the care plan would be revised accordingly.</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident on 08/28/12. The facility assessed the resident to be at risk for wandering and a wanderguard bracelet (an electronic device worn by the resident which elicits an audible alarm when a resident is within a certain range of any exit door equipped with the system, and also prevents the door from immediately opening) was implemented to alert the staff if the resident attempted to exit the facility. Further review of the resident's assessments for wandering, conducted from 07/17/13 through 09/27/14, revealed Resident #1 was not assessed to be at risk for wandering and no longer required the use of the wanderguard bracelet. However, Resident #1 developed a new onset of seizure activity on 12/06/14 and was hospitalized for evaluation and treatment. Upon return to the facility on 12/07/14, the facility conducted a new assessment for the resident's behavior of wandering, determined Resident #1 was at risk for wandering, and a wanderguard</p>	F 280	<p>their wander-guards were identified and care plans updated. No similar incidents were identified. Beginning 04/23/15, the results of these reviews have been/will be presented to QI Committee weekly for four weeks and any time a concern is identified, then per schedule established by the Executive QI Committee.</p> <p>Criteria 5</p>	05/07/15	

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F 280	<p>Continued From page 4 bracelet was applied to the resident's left ankle.</p> <p>Review of the Quarterly Minimum Data Set (MDS) Assessment dated 01/03/15, revealed the facility assessed the resident to have short-term memory loss and modified independence with decision-making.</p> <p>Review of Resident #1's Comprehensive Care Plan dated 01/13/15, revealed the facility addressed the resident's wandering risks and risk for unsupervised exits from the facility. Interventions to prevent the resident from leaving the facility unsupervised included ensuring the wanderguard bracelet was in place, ensuring the resident's picture and name were on the wandering resident board, and ensuring the alarmed exits were functional.</p> <p>Review of the Annual Comprehensive MDS assessment completed on 04/17/15, revealed the facility assessed Resident #1 to have short-term memory loss with moderately impaired decision-making skills. The resident was further assessed to have behaviors of wandering which occurred 1-3 days during the assessment reference period. The facility assessed the resident to be independent with ambulation and transfers.</p> <p>Observation of Resident #1 on 04/20/15, at 11:20 AM, revealed the resident was independently ambulatory in and out of his/her room and in the facility hallway. A wanderguard bracelet was observed on the resident's left arm and leg.</p> <p>Review of the Nurse's Progress Notes dated 04/01/15, revealed Resident #1 came to the nurse at approximately 9:45 AM and handed her</p>	F 280	[This Section Blank]		

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F 280	<p>Continued From page 5</p> <p>a wanderguard bracelet and said "No." Per the Nurse's Note, the nurse (Licensed Practical Nurse #1) explained to the resident that the bracelet had to be replaced because it was part of his/her plan of care and after "coaxing," Resident #1 allowed the bracelet to be reapplied to his/her left wrist.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on 04/20/15, at 2:00 PM, revealed she replaced the wanderguard bracelet on Resident #1's wrist after the resident removed it on 04/01/15. The LPN stated she reported the incident to the Unit Coordinator (UC) and the UC agreed the bracelet should be replaced.</p> <p>Interview with the UC on 04/21/15, at 3:20 PM, revealed the incident involving Resident #1 removing his/her wanderguard bracelet was discussed in the Interdisciplinary Team (IDT) meeting on 04/02/15. The IDT decided to continue using the bracelet to prevent the resident from leaving the facility without supervision. The UC stated no investigation had been conducted to attempt to determine how the resident was able to remove the bracelet and no other interventions were implemented to prevent the resident from removing his/her wanderguard bracelet and/or leaving the building unsupervised.</p> <p>Interview conducted on 04/21/15, at 1:45 PM with Registered Nurse (RN) #1 revealed she was the Minimum Data Set/Care Plan (MDS/CP) Coordinator and was responsible for reviewing and updating the care plan for Resident #1. RN #1 stated she believed she was present during the IDT meeting to review incidents for possible care plan revisions on 04/02/15. However, she could not recall the discussion regarding Resident</p>	F 280	[This Section Blank]	

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F 280	<p>Continued From page 6</p> <p>#1 removing his/her wanderguard bracelet. She stated she did not update the resident's Comprehensive Plan of Care.</p> <p>Interview with the Administrator and Director of Nurses on 04/21/15, at 12:35 PM, revealed after the IDT discussed Resident #1 removing his/her wanderguard bracelet, the bracelet was reapplied. However, the care plan was not reviewed/revised to consider additional interventions to prevent the resident from leaving the facility unsupervised.</p> <p>**The facility provided an acceptable Allegation of Compliance (AOC) on 04/30/15. The facility implemented the following actions to remove the Immediate Jeopardy:</p> <ol style="list-style-type: none"> 1) Resident #1 was found outside of the facility at approximately 2:45 PM on 04/07/15. Resident #1 was assisted back into the facility safely. The Unit Coordinator completed a physical assessment to rule out injury or acute distress. 2) All residents were accounted for or were determined to be present in the facility by the Unit Coordinators and facility staff. All residents were accounted for at that time. 3) The Administrator and Director of Nurses immediately initiated an investigation of Resident #1's elopement. 4) The wanderguard bracelet was reapplied to Resident #1's left wrist and was verified to be secure by the Unit Coordinator on 04/07/15. 5) The Director of Environmental Services and Safety checked the wander-guard door systems 	F 280	[This Section Blank]		

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F 280	<p>Continued From page 7</p> <p>at each exit and elevator on 04/07/15. All systems were functioning properly.</p> <p>6) The Unit Coordinators verified the wander-guard alarms on the 2nd and 3rd floor elevators' access points were functioning properly on 04/07/15.</p> <p>7) A 100% audit of residents requiring a wanderguard bracelet was conducted on 04/07/15 to ensure the bracelets were in place. All residents assessed to require a wanderguard bracelet had one in place.</p> <p>8) Review of the plans of care for all residents who require a wanderguard bracelet was conducted by the MDS Nurses on 04/07/15. No concerns were identified.</p> <p>9) The Transmitter Logbooks were reviewed by the Unit Coordinators on 04/07/15 for all residents who utilized a wanderguard bracelet to ensure the Licensed Nurses were checking the residents' transmitter daily per protocol. A new Log was added for Resident #1. A new log sheet was initiated because each new bracelet has a different expiration date.</p> <p>10) The IDT reviewed the unsupervised exit on 04/07/15 and placed Resident #1 on increased monitoring, to be provided in no set pattern at a minimum of every two (2) hours and to be validated by the licensed nurses. The monitoring would be documented on the Frequent Monitoring of Resident Form. The increased monitoring was verbally communicated to each on-coming nurse during the change of shift report until each nurse had received the information.</p>	F 280	[This Section Blank]	

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F 280	<p>Continued From page 8</p> <p>11) The resident's physician and family were notified on 04/07/15 of the event. No new orders were received.</p> <p>12) An updated "At Risk Wandering Assessment" was completed on 04/08/15 by the Unit Coordinator for Resident #1.</p> <p>13) Resident #1's care plan was updated on 04/08/15 by the MDS Nurse to reflect the resident must be supervised if outside.</p> <p>14) Beginning 04/07/15, Housekeeping staff will check the door function of the wander-guard system daily and record this on the Housekeeping/Laundry Weekly Round Sheet.</p> <p>15) The Kentucky Travelers' Books (Binders with photos of all residents assessed to be at risk for wandering for each unit) were reviewed on 04/21/15. No problems were identified.</p> <p>16) The Kentucky Travelers' Bulletin Boards (bulletin boards with photos specific for residents assessed to be wandering risks) maintained at each nursing unit was reviewed on 04/21/15 by the Quality Improvement Assistant Nurse. Some missing photographs were replaced.</p> <p>17) The Kentucky Travelers' Boards are maintained at each nurse's station. Copies of the Kentucky Travelers' Books are maintained at each nurse's station, in the ground floor mailroom and the West Wing therapy gym.</p> <p>18) The RN Facility Consultant conducted education related to changes in resident behavior, including removal of wanderguard bracelets, review/revision of care plan completion</p>	F 280	(This Section Blank)	

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F 280	<p>Continued From page 9</p> <p>of the "At Risk Wander Assessments," monitoring/checking of wanderguard bracelets; documentation in the Transmitter Log book, placement of wander guard bracelets, and improved documentation of IDT meetings. Education was provided by the RN Facility Consultant for the Administrator, Director of Nurses, QI Nurses, MDS Nurses, Unit Coordinators, Staff Development Nurse, Activities Director, Therapy Director, Social Services Staff, and Treatment Nurse on 04/21/15. A posttest was given after the training.</p> <p>19) The RN Director of Clinical Services provided re-education to the Weekend Supervisor and Administrator on 04/24/15; and, to the Director of Nurses, Unit Coordinators, Staff Facilitator, MDS Nurses and QI Nurses on 04/27/15. Effective 04/28/15, all staff is required to complete education and post-test on the following procedures prior to completing their next shift:</p> <p>A. Wandering/Elopement Residents</p> <p>B. Elopement systems in place to prevent elopement.</p> <p>C. Direct care will immediately notify the charge nurse in the event a resident removes a wander guard bracelet, if it comes off, or is ill fitting.</p> <p>D. The Kentucky Travelers' Books and bulletin boards are to assist with identification of residents who wander.</p> <p>E. Redirection of wandering residents to protect them from injury or possible elopement.</p> <p>F. Notify the nurse immediately if a resident</p>	F 280	[This Section Blank]	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 280	<p>Continued From page 10 cannot be found; and, if a resident is sighted outside the facility, the employee should keep the resident in sight.</p> <p>G. Staff's response to exit seeking behavior and statements.</p> <p>20) All new employees will receive this education during orientation. Employees on leave of absence or vacation will complete this re-education prior to working on the floor. The facility does not utilize agency staff.</p> <p>21) The RN Director of Clinical Services provided education on 04/24/15 to the Director of Environmental Services and Safety regarding use of the wander-guard equipment, testing of the doors and elevators, completion of the associated forms, redirection of residents, notification of staff regarding exit seeking residents, and response if a resident removes a bracelet.</p> <p>22) The Director of Environmental Services and Safety provided education for all environmental staff on 04/24/15 regarding use of the wander guard equipment, testing the doors and elevators, completion of the associated forms, and what to do if equipment is found to be malfunctioning.</p> <p>23) The Director of Environmental Services and Safety will ensure that all housekeeping, laundry, and maintenance staff are re-educated and have completed a post-test prior to completion of their next shift by 04/27/15.</p> <p>24) The Administrator convened with the IDT on 04/27/15 and directed the verification of the wanderguards would be conducted and documented each shift rather than daily. A</p>	F 280	[This Section Blank]		

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F 280	<p>Continued From page 11</p> <p>licensed nurse will complete the Transmitter Log each shift for all residents requiring a wanderguard bracelet. This was effective 04/27/15.</p> <p>25) The RN Facility Consultant educated the QI Assistant Nurse on 04/27/15 regarding upkeep of the Kentucky Travelers' Wander Books and Kentucky Travelers' Wander Bulletin Boards. The boards will be updated when a resident is placed on, or removed from wandering precautions; and, the books and boards will be reconciled monthly.</p> <p>26) Beginning 04/07/15, the "Frequent Monitoring of Resident" form for Resident #1 will be reviewed daily, by the Administrator, Unit Coordinator, RN Facility Consultant, QI Nurse or Weekend House Supervisor. Any issues or concerns will be corrected immediately and reported to the DON or Administrator.</p> <p>27) Beginning 04/27/15, the Transmitter Log will be completed by licensed nurses each shift to ensure the wander guard bracelets are in place and functioning properly. The Administrator, Director of Admision, Weekend Supervisor, or QI Nurse audited the individual log forms daily. Any concerns will be corrected immediately and reported to the DON or Administrator.</p> <p>28) The Housekeeping Staff will complete a daily round sheet to ensure the wander guard systems are functioning on the doors and elevators. Beginning 04/27/15, the Director of Environmental Services will audit these forms daily and Safety, Administrator, Weekend Supervisor, Chalman of the Safety committee or QI Nurse, and any concerns will be corrected immediately and reported to the DON or</p>	F 280	[This Section Blank]		

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F 280	Continued From page 12 Administrator. 29) The QI Assistant Nurse will continue to update the Kentucky Travelers' Books and the Kentucky Travelers' Bulletin Boards as changes occur. Beginning the week of 04/27/15, the DON/QI Nurse will audit the Kentucky Travelers' Book and Bulletin Board two (2) times each week for accuracy. 30) The IDT will audit shift reports daily to monitor for any resident attempts to leave the building or removal of wander guard bracelets has been identified. Concerns will be addressed immediately. 31) All Audits will be taken to the weekly QI Committee meetings for four (4) weeks and whenever a concern is identified. ***The State Survey Agency validated the Immediate Jeopardy was removed as follows: 1) Review of Nursing Progress Notes dated 04/07/15, revealed Resident #1 required no treatment after the elopement and was assessed to have sustained no injury when returned to the facility. 2) Review of the facility's documentation dated 04/07/15, and Interviews with Unit Coordinators (UC) #1 on 05/04/15, at 6:00 PM; UC #2 on 05/04/15, at 5:50 PM; and UC #3 on 05/04/15, at 4:50 PM revealed each resident was accounted for on each unit of the facility on 04/07/15. 3) Review of the facility's investigation and interview with the Administrator and Director of Nurses on 05/04/15 at 8:05 PM, revealed the	F 280	[This Section Blank]	

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F 280	<p>Continued From page 13 investigation was initiated on 04/07/15.</p> <p>4) Review of the documentation, dated 04/07/15, revealed the secure care bracelet was replaced on Resident #1's left wrist when the resident was returned to the facility on 04/07/15.</p> <p>5) Review of a Door Audit dated 04/07/15, and signed by the Director of Environmental Services and Safety revealed all wanderguard door systems for the doors and elevators were examined and were functioning properly on 04/07/15.</p> <p>6) Interviews with UC #2 and UC #3 on 05/04/15 revealed the elevator access was checked with the wanderguard system on 04/07/15 and no problems were identified.</p> <p>7) Review of the facility's documentation dated 04/07/15, and interviews with Unit Coordinators (UC) on 05/04/15 at 8:00 PM with UC #1; at 5:50 PM with UC #2; and, 4:50 PM with UC #3, revealed a 100% audit was conducted of residents who required a secure care bracelet. All residents assessed to require a secure care bracelet had one in place.</p> <p>8) Review of the facility's documentation and interviews with MDS Nurses (LPNs #3 and # 4 and RN #10) on 05/04/15, at 4:55 PM, revealed all care plans had been reviewed for residents who required a secure care bracelet.</p> <p>9) Review of the Transmitter Log books revealed each resident (including Resident #1) who required a wanderguard bracelet was being monitored each shift by a licensed nurse to ensure the bracelet was in place and functioning.</p>	F 280	[This Section Blank]		

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F 280	<p>Continued From page 14</p> <p>Interview with UC (#1, #2, and #3) on 05/04/15 revealed the UC monitored the Transmitter Log book daily to ensure the bracelets were being checked by the licensed nurses and documented/reported any concerns to the Administrator.</p> <p>10) Review of the Frequent Monitoring of Resident form from 04/07/15 through 05/04/15 revealed the monitoring checks were documented as conducted at different times with no pattern, but not greater than two (2) hour intervals. Documentation further revealed a licensed nurse daily reviewed the checks. Interviews on 05/04/15, at 5:30 PM with LPN #1, 6:50 PM with CNA # 5, and 7:00 PM with CNA #7, revealed Frequent Monitoring had been conducted for Resident #1 from 04/07/15 through 05/04/15 at different times and staff was aware of the monitoring procedures for Resident #1. Interview with LPN #1 on 04/05/15, at 5:30 PM and with UC #1 at 6:00 PM revealed they had communicated the monitoring procedures related to Resident #1 to the on-coming nurse during change of shift report to ensure each nurse had received the instruction.</p> <p>11) Review of documentation revealed Resident #1's Physician and Responsible Party were notified the resident had eloped from the facility on 04/07/15.</p> <p>12) Review of the facility's documentation revealed a new At Risk Wandering Assessment form was completed on 04/08/15 for Resident #1.</p> <p>13) Review of Resident #1's Comprehensive Care Plan revealed it was updated on 04/08/15 to reflect the elopement incident of 04/07/15 and to</p>	F 280	[This Section Blank]	

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F 280	<p>Continued From page 15</p> <p>ensure the wanderguard bracelet would be in place and to frequently monitor the resident's whereabouts.</p> <p>14) Review of Housekeeping/Laundry Round Sheets dated 04/07/15 through 05/04/15 revealed housekeeping staff had been conducting daily checks of the door functions of the wanderguard systems.</p> <p>15) The Kentucky Travelers Books were observed to be located at each nurse's station on 05/04/15. The Books contained pictures for each resident identified as at risk for wandering.</p> <p>16) The Kentucky Travelers' Bulletin Boards was observed to be maintained at each nurse's station on 05/04/15 and contained pictures for each resident identified as a wandering risk on each unit.</p> <p>17) Copies of The Kentucky Travelers' Books were also observed on 05/04/15 to be maintained in the ground floor mallroom and the West Wing therapy gym, in addition to each nursing unit.</p> <p>18) Review of the In-service Training related to "Changes in Resident Behavior," dated 04/21/15, revealed the training had been conducted by the RN Facility Consultant. Interviews conducted on 05/04/15 at 8:05 PM with the Administrator; 7:45 PM with the DON; 5:05 PM with the QI Assistant Nurse; 7:15 PM with MDS Nurse #2; 7:25 PM with MDS Nurse #3; 7:30 PM with the QI Coordinator; 8:10 PM with the Rehabilitation Manager; 8:15 PM with the Social Services Director; 8:07 PM with Activity Director; 8:20 PM with Treatment Nurse; 5:50 PM with UC #2; 6:00 PM with UC #1; and, 4:50 PM with UC #3</p>	F 280	[This Section Blank]		

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F 280	Continued From page 16 revealed all the staff interviewed had attended the training and were knowledgeable related to monitoring/documentation of the wanderguard bracelets. Staff was also able to verbally state the steps to take if a resident eloped from the facility. Staff completed a posttest. 19) Review of the In-service Training related to "Wandering Residents and Elopements Systems" dated 04/24/15 and 04/27/15, revealed the training had been conducted by the RN Director of Clinical Services. Interviews conducted on 05/04/15 at 8:05 PM with the Administrator; 7:45 PM with the DON; 5:50 PM with UC #2; 6:00 PM with UC #1; 4:50 PM with UC #3; 8:15 PM with the Weekend Supervisor; 5:05 PM with the QI Assistant Nurse; 7:30 PM with the QI Coordinator; and, 8:20 PM with the Staff Development Coordinator revealed all the staff interviewed had attended the training and was familiar with the identification system for wandering residents and the behavior management of exit seeking behaviors. Review of the In-service Training dated 04/28/15, revealed this training was also provided for all facility staff by the DON, UC, Staff Development Nurse, and QI Nurse. Interviews conducted on 05/04/15 at 3:05 PM with RN #4, 6:35 PM with RN #5, 5:30 PM with LPN #1, 6:25 PM with LPN #2, 6:45 PM with LPN #10, 8:20 PM with LPN #6, 6:50 PM with CNA #7, 6:55 PM with CNA #8, 7:00 PM with CNA #9, 7:05 PM with CNA #10, 7:10 PM with CNA #11, 7:15 PM with CNA #12, 5:45 PM with the Maintenance Director, 5:20 PM with the Environmental Services Director, 5:40 PM with Laundry Staff #1, 7:40 PM with Housekeeper (HSK) #1, 7:45 PM with HSK #2, 7:55 PM with HSK #3, 8:05 PM with HSK #4, 8:16 PM with the Weekend Supervisor, and 8:20 PM with the Staff	F 280	[This Section Blank]	

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F 280	<p>Continued From page 17</p> <p>Development Coordinator, revealed all the staff interviewed had attended the training and was familiar with the identification system for wandering residents and behavior management of exit seeking behaviors. All staff took a posttest.</p> <p>20) Review of the employee list on 05/04/15 revealed no new employees had been hired by the facility since 04/28/15.</p> <p>21) Review of the In-service Training "Testing of the Doors" dated 04/24/15, revealed the training was provided by the RN Director of Clinical Services. Interview with the Environmental Services Director on 05/04/15 at 5:20 PM revealed he attended the training regarding use of the wanderguard equipment and testing of the doors and elevations.</p> <p>22) Review of the In-service Training "Testing of the Doors" dated 04/27/15, revealed training was provided to the housekeeping, laundry, and maintenance staff by the Environmental Services Director. Interviews conducted on 05/04/15 at 5:45 PM with the Maintenance Director, 5:40 PM with Laundry Staff #1, 7:40 PM with Housekeeper (HSK) #1, 7:45 PM with HSK #2, 7:55 PM with HSK #3, and 8:05 PM with HSK #4 revealed these staff attended the training related to testing the doors. Staff interviewed was able to verbally state how the doors and elevators were monitored each day and how the results were to be documented on the daily round sheet.</p> <p>23) Review of the employee list on 05/04/15 and In-service training record confirmed all staff had been trained and a posttest completed by 04/27/15.</p>	F 280	[This Section Blank]	

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F 280	<p>Continued From page 18</p> <p>24) Review of the Transmitter Log books revealed the verification of the wanderguard bracelets was being conducted and documented each shift since 04/27/15 by a licensed nurse.</p> <p>25) Review of the In-service Training "Kentucky Travelers' Boards and Books" dated 04/27/15 revealed training was provided by the RN Facility Consultant for the QA Assistent Nurse related to keeping the Kentucky Traveler's Books and Bulletin Boards up to date. Interview with the QI Asslstant Nurse on 05/04/15 at 5:05 PM, confirmed the training had been provided and the employee was able to relate the process to keep the books/boards up to date.</p> <p>26) Review of the Frequent Monitoring of Resident Forms for Resident #1 dated 04/07/15 through 05/04/15 confirmed the Administrator or the Week end Supervisor reviewed the forms daily to ensure the monitoring was being provided for the resident. No problems had been identified.</p> <p>27) Review of the Transmitter Log books dated 04/27/15 through 05/04/15 provided evidence the licensed nurses were monitoring the wanderguard bracelets each shift to ensure the bracelets were in place and functioning for each resident who was assessed to require a bracelet. Further review revealed the Administrator or the Weekend Supervisor was reviewing the logs daily. No problems had been identified.</p> <p>28) Review of the daily round sheet dated 04/27/15 through 05/04/15 revealed housekeeping staff had checked the exit doors and elevators daily to ensure the alarm systems were functioning. Further review revealed the</p>	F 280	{This Section Blank}	

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F 280	Continued From page 19 Director of Environmental Services, Administrator, or the Weekend Supervisor had been conducting daily audits of the round sheets to ensure the doors were being checked daily. No problems had been identified. 29) Review of the audits conducted by the DON and/or QI Nurse revealed the Kentucky Travelers' Boards and Books were current and up to date for the residents assessed to be at risk for wandering on 05/04/15. 30) Review of the shift report audits conducted daily by IDT team revealed there had been no resident attempts to leave the building or removal of their wanderguard bracelet. 31) Review of the Quality Improvement meeting documentation dated 04/29/15 revealed all data collected and audits conducted related to the facility's response to Resident #1's elopement from the facility on 04/07/15, were reviewed during the meeting. Interview with the Administrator on 05/04/15 at 8:05 PM revealed no significant changes in the facility's implemented plan were determined to be necessary during the meeting. Interview with the Medical Director on 05/04/15, at 3:50 PM revealed he attended the 04/29/15 QI meeting and was aware of the elopement of Resident #1 and corrective plan implemented by the facility.	F 280	[This Section Blank]		
F 323 SS=J	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to	F 323	At approximately 2:50 p.m. on 04/07/15, Resident #1 was returned to the facility with staff without difficulty or incident. The Unit Coordinator, a licensed nurse, evaluated the resident.		

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F 323	<p>Continued From page 20 prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, facility policy review, and review of the facility's investigation it was determined the facility failed to have an effective system in place to ensure that one (1) of three (3) sampled residents (Resident #1) received adequate supervision and monitoring to prevent accidents. The facility assessed Resident #1 to be an elopement risk on 12/07/12, and placed a wanderguard bracelet (an electronic device worn which elicits an audible alarm within a certain range of an exit door equipped for this device) on the resident's left ankle to ensure the resident was safe and to monitor the resident's whereabouts.</p> <p>On 04/01/15, Resident #1 removed the wanderguard bracelet and took it to the nurse who replaced the bracelet on the resident's left wrist. However, the facility failed to evaluate how the resident removed the bracelet, and failed to implement any additional interventions to keep the resident safe. On 04/07/15, Resident #1 again removed the wanderguard bracelet and exited the facility without staff knowledge. At approximately 2:45 PM, Resident #1 was seen by a staff member, who was driving away from the facility after work. The resident was initially seen by the employee to be approximately one-tenth of a mile from the facility on a sidewalk beside a city street. After being notified by the staff member who was going home, staff at the facility determined the resident was missing and was not</p>	F 323	<p>There were no signs distress or injury. The resident had no complaints.</p> <p>A licensed nurse reapplied the wanderguard bracelet to Resident #1. The Unit Coordinator verified the bracelet was applied securely.</p> <p>Members of the Interdisciplinary Team met on 04/07/15 and reviewed the incident and implemented increased monitoring of resident #1 for his whereabouts and presence of his wanderguard. This monitoring would be in no set pattern, validated by licensed nurses and occur a minimum of every two hours. This monitoring is in addition to the routine interaction between the resident and staff. The monitoring would be documented on the Frequent Monitoring of Resident form.</p> <p>On 04/08/15, An "At Risk Wandering Assessment" form was completed, which determines the resident risk for wandering and elopement. This assessment reflected the change that the resident "had one or more attempts to leave the facility." The resident's comprehensive plan of care was revised by the MDS Nurse on this date to reflect</p>		

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F 323	<p>Continued From page 21</p> <p>on facility grounds. The resident was assisted back to the facility and staff assisted him/her back into the building and determined the resident had not sustained any injury. The facility staff was not aware the resident had left the building.</p> <p>The facility's failure to have an effective system in place to ensure adequate supervision and monitoring for residents who were at risk for elopement was likely to cause serious injury, harm, impairment, or death. Immediate Jeopardy was determined to exist on 04/01/15 at 42 CFR 483.20 Resident Assessment (F280), 42 CFR 483.25 Quality of Care (F323), and 42 CFR 483.75 Administration (F490) with Substandard Quality of Care at 42 CFR 483.25 Quality of Care (F323). The facility was notified of the Immediate Jeopardy on 04/21/15.</p> <p>An acceptable Allegation of Compliance was received on 04/30/15 which alleged removal of the Immediate Jeopardy on 04/28/15. A partial extended survey was conducted on 05/04/15. The State Survey Agency determined the Immediate Jeopardy was removed on 04/28/15 as alleged, which lowered the Scope and Severity to "D" at 42 CFR 483.20 Resident Assessment (F280), 42 CFR 483.25 Quality of Care (F323), and 42 CFR 483.75 Administration (F490) while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p> <p>The findings include:</p> <p>Review of the facility's policy, "Wandering Protocol," (dated November 2013) revealed resident pictures would be displayed on bulletin boards located on each unit or employee lounge bulletin boards. The policy noted if a resident</p>	F 323	<p>the resident must be supervised when outside.</p> <p>On 04/07/15, immediately following Resident #1's return to the facility, the Unit Coordinators (with staff assistance) audited to ensure all residents were accounted for or present in the facility. No residents were missing.</p> <p>The Director of Environmental Services and Safety checked the wander-guard door systems for the exits and elevators, immediately after the incident, on 04/07/15. All systems were functioning properly. On 04/07/15, the Unit Coordinator's and facility staff verified appropriate function of the wander-guard alarm on the 2nd and 3rd floor elevator access points. These access points were functioning properly.</p> <p>On 04/07/15, a 100 percent audit of residents with wander-guard bracelets was conducted to ensure all residents identified to need a wander-guard bracelet had it applied. All residents identified as needing a wander-guard had one applied. Each of these resident's plan of care was also reviewed by the MDS Nurses, on</p>		

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F 323	<p>Continued From page 22</p> <p>was suspected of elopement, staff would immediately notify the supervisor, mobilize a search in the building and premises, call 911, and notify the resident's physician and family.</p> <p>Interview with the Administrator on 04/20/15, at 5:30 PM, revealed the facility did not have a specific policy/procedure related to Resident Supervision.</p> <p>Interview with the Director of Nurses (DON) on 04/21/15, at 12:35 PM, revealed the facility did not have a specific policy related to assessment of residents who wander. However, the DON stated all residents were assessed upon admission, readmission, quarterly, and when a change in condition occurred to establish the resident's wandering/elopement risks. In addition, the DON stated the wanderguard bracelets were implemented as an intervention for residents to minimize the risks for elopement.</p> <p>Record review revealed the facility admitted Resident #1 on 08/28/12, with diagnoses that included Coronary Artery Disease, Convulsions, Aphasia, Cerebrovascular Disease, Anxiety State, and Hypertension. The facility initially assessed Resident #1 to be at risk for wandering and a wanderguard bracelet was implemented. Further review of the resident's assessments for wandering conducted from 07/17/13 through 09/27/14, revealed Resident #1 was no longer assessed to be at risk for wandering and did not require the use of the secure care bracelet.</p> <p>Observation of Resident #1 on 04/20/15, at 11:30 AM, revealed the resident was sitting in a chair in his/her room. The resident was unable to speak clearly, but made attempts through gestures.</p>	F 323	<p>04/07/15, to ensure it was current. No concerns were identified.</p> <p>The Administrator reviewed with the Unit Coordinator and the MDS Nurse, on 04/08/15, that Resident #1 required an At Risk Wandering Assessment and a Care Plan Revision. The Director of Nursing (DON) reviewed the medical record, on 04/08/15, to ensure these tasks were completed.</p> <p>The Unit Coordinator verbally instructed the licensed nurse present when Resident #1 was returned to the facility, on 04/07/15, Resident #1, who resides on the 1st Floor, would be placed on increased monitoring for his whereabouts and placement of his wander-guard. This monitoring would be in no set pattern, validated by licensed nurses and occur, at minimum of every two hours. The monitoring of the residents whereabouts and wander-guard placement will be documented on the Frequent Monitoring of Resident form. The increased monitoring was verbally communicated to each on-coming nurse during change of shift report, until each first floor nurse was aware of the monitoring requirement for Resident #1.</p>		

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F 323	<p>Continued From page 23</p> <p>Resident #1 was observed to ambulate independently in his/her room and the facility hallway without difficulty.</p> <p>Review of the clinical record revealed Resident #1 developed a new onset of seizure activity on 12/06/14 and was transferred to the hospital for evaluation and treatment. The resident returned to the facility on 12/07/14 and a new assessment for wandering/elopement determined the resident was at risk for wandering/elopement. A wanderguard bracelet was applied to the resident's left ankle.</p> <p>According to the Comprehensive Care Plan, dated 01/13/15, the facility addressed the resident's wandering risks and risk for unsupervised exits from the facility. Interventions to prevent the resident from leaving the facility unsupervised included ensuring the wanderguard bracelet was in place, ensuring the resident's picture and name were on the wandering resident board, and ensuring the alarmed exits were functional.</p> <p>Review of the Annual Minimum Data Set (MDS) assessment completed on 04/17/15 revealed the facility assessed Resident #1 to have short-term memory loss with moderately impaired decision-making skills. The resident was further assessed to have behaviors of wandering which occurred 1-3 days during the assessment reference period. The facility assessed the resident to be independent with ambulation and transfers.</p> <p>Review of the facility's investigation initiated on 04/07/15 revealed at approximately 2:45 PM on 04/07/15, a staff member discovered Resident #1</p>	F 323	<p>On 04/21/15, The RN Facility Consultant conducted training for the Administrator, Director of Nursing, QI Nurses, MDS Nurses, Unit Coordinators, Staff Development Nurse, Activities Director, Therapy Director, Social Services Staff, and Treatment Nurse Changes in Behavior (resident removal of wander-guards) should be addressed by the IDT and the Care Plan Reviewed/Revised; At Risk Wander Assessments should be completed upon Admission, Quarterly, and with Significant Changes in condition. Wander-guard bracelets should be checked daily for function and documented in the Transmitter Log book, placement of wander-guard bracelets, and improved documentation of IDT meetings. A post-test was completed.</p> <p>The RN Director of Clinical Services provided re-education to the Weekend House Supervisor and Administrator, on 04/24/15 and on 04/27/15, to the Director of Nursing, Unit Coordinators, Staff Facilitator, MDS Nurses and QI Nurses regarding wandering residents, elopement and systems in place to prevent elopement. This education included that direct care staff should notify the charge nurse immediately in</p>		

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F 323	<p>Continued From page 24</p> <p>walking on a sidewalk beside a public street between the facility and a church. According to the investigation, the resident had removed the wander-guard bracelet and left the facility without staff knowledge. The staff person leaving the facility saw the resident and returned to the facility to inform staff she believed the resident was walking on the sidewalk. After a search, staff determined the resident was missing. Staff assisted Resident #1 back into the facility and assessed the resident to have sustained no injury. The resident was wearing a light jacket and tennis shoes. According to the archived weather records, the temperature in the area at 2:45 PM on 04/07/15 was 71 degrees Fahrenheit.</p> <p>Interview conducted with Certified Nurse Aide (CNA) #1 on 04/20/15, at 2:45 PM, revealed she had cared for Resident #1 on 04/07/15. The CNA stated she assisted the resident with a shower at approximately 1:15 PM and last saw the resident at 1:30 PM. CNA #1 stated Resident #1 was not in his/her room during the 2:30 PM rounds, but she was not alarmed and thought the resident was in the bathroom. CNA #1 said she was aware the resident had removed his/her bracelet once before. She stated the resident had the bracelet on his/her left wrist on 04/07/15. The CNA further stated she was not aware the resident was out of the facility until CNA #2 reported seeing the resident ambulating toward the church.</p> <p>Interview with CNA #2 on 04/21/15, at 12:10 PM, revealed she ended her shift at the facility and clocked out at 2:45 PM on 04/07/15. CNA #2 stated she was driving down the street away from the facility when she observed an individual, whom she believed could be Resident #1,</p>	F 323	<p>the event a resident removes a wander-guard bracelet, if it comes off or is ill fitting; a resident may wear a wander-guard bracelet to minimize the possibility of leaving the facility; Kentucky Traveler Books and bulletin boards are to assist with identification of residents who wander; to redirect wandering residents as indicated to protect them from injury or possible elopement; and to notify the nurse immediately if you cannot locate a resident identified to be at risk for wandering or if a resident is sighted, the employee should keep the resident in sight and call for assistance. The education included what to do for exit seeking behavior & statements. The RN Director of Clinical Services, Weekend House Supervisor and Administrator began re-education of all facility staff with a post-test being completed. The Director of Nursing, Unit Coordinators, Staff Facilitator, MDS Nurses and QI nurses will continue this re-education. Effective 04/28/15, all facility Staff will complete this re-education and post-test prior to completing their next shift.</p> <p>On 04/24/15, the RN Director of Clinical Services provided re-education to the Director of Environmental Services and Safety regarding how to</p>		

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F 323	<p>Continued From page 25</p> <p>walking between the church and the facility. The CNA stated she immediately went back to the facility, leaving the resident unsupervised, and asked staff if the resident was at the facility. According to CNA #2, the facility staff immediately searched for the resident and determined he/she was not in the building and was not on facility grounds. Further interview with CNA #2 revealed she got in her car and went back toward the location where she previously had seen the resident and spotted the resident farther down the street in front of the fire department (approximately three-tenths of a mile from the facility). The CNA stated she coaxed the resident to get in her vehicle and then transported the resident back to the facility at approximately 2:50 PM.</p> <p>Interview with the Director of Nurses (DON) on 04/21/15, at 12:35 PM revealed she was aware Resident #1 had been able to remove the wanderguard bracelet on 04/01/15. The DON stated the issue had been discussed in the Interdisciplinary Team Meeting (IDT) the following day. She further stated the team had made the decision to continue using the bracelet for Resident #1 to prevent elopement risks. The DON stated she could not recall if any additional monitoring had been implemented for the resident at that time, but the staff had not anticipated that Resident #1 would leave the facility unsupervised.</p> <p>Interview with the Administrator on 04/21/15 at 1:20 PM, revealed he also was aware the resident had removed the wanderguard bracelet and was he was also involved in the IDT meeting on 04/02/15 to discuss the issue. The Administrator stated the wanderguard bracelet</p>	F 323	<p>use the wander-guard equipment, how to properly test doors and elevators and how to properly complete the associated forms. The education included re-direction and notification to the nurse of exit seeking residents, what to do if a resident removes a wander guard bracelet, and what to do if there was an ill-fitting bracelet. The Director of Environmental Services and Safety began re-educating all environmental services staff, on 04/24/15, regarding how to use the wander-guard equipment, how to properly test doors and elevators and how to complete the associated paperwork; and what to do in the event equipment is identified to be malfunctioning. Effective 04/28/15, The Director of Environmental Services and Safety will ensure that all housekeeping, laundry and maintenance staff are re-educated and have completed a post-test prior to completion of their next shift.</p> <p>Effective 04/28/15, all facility Staff will completed the re-education for his/her department prior to completing their next shift.</p> <p>All new employees will receive this education during orientation.</p>		

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F 323	<p>Continued From page 26</p> <p>had been replaced; however, no additional supervision had been added to monitor the resident's whereabouts. The Administrator stated he had not believed Resident #1 would leave the facility without supervision.</p> <p>**The facility provided an acceptable Allegation of Compliance (AOC) on 04/30/15. The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>1) Resident #1 was found outside of the facility at approximately 2:45 PM on 04/07/15. Resident #1 was assisted back into the facility safely. The Unit Coordinator completed a physical assessment to rule out injury or acute distress.</p> <p>2) All residents were accounted for or were determined to be present in the facility by the Unit Coordinators and facility staff. All residents were accounted for at that time.</p> <p>3) The Administrator and Director of Nurses immediately initiated an investigation of Resident #1's elopement.</p> <p>4) The wanderguard bracelet was reapplied to Resident #1's left wrist and was verified to be secure by the Unit Coordinator on 04/07/15.</p> <p>5) The Director of Environmental Services and Safety checked the wander-guard door systems at each exit and elevator on 04/07/15. All systems were functioning properly.</p> <p>6) The Unit Coordinators verified the wander-guard alarms on the 2nd and 3rd floor elevators' access points were functioning properly on 04/07/15.</p>	F 323	<p>Employees on leave of absence or vacation will complete this re-education prior to working on the floor.</p> <p>On 4/27/15, the QI Assistant Nurse was educated, by the RN Facility Consultant, regarding upkeep of the Kentucky Wander Books and Kentucky Wander Bulletin Boards. This education included, updating the books and bulletin boards any time a resident is placed on or removed from wandering precautions; and reconciling the books and bulletin boards monthly.</p> <p>Beginning 04/08/15, each resident with a wander-guard has an individual log, kept in the Transmitter Log Book, to monitor placement and function of wander-guards daily. Beginning 04/08/15, Licensed nurses will check the placement and function of the wander-guard daily, for each resident identified and document these checks in the Transmitter Log Book.</p> <p>Beginning 04/08/15, Housekeeping staff check the door function of the wander-guard system daily. These checks will be recorded on the Housekeeping/Laundry Weekly Round Sheet.</p>		

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F 323	Continued From page 27 7) A 100% audit of residents requiring a wanderguard bracelet was conducted on 04/07/15 to ensure the bracelets were in place. All residents assessed to require a wanderguard bracelet had one in place. 8) Review of the plans of care for all residents who require a wanderguard bracelet was conducted by the MDS Nurses on 04/07/15. No concerns were identified. 9) The Transmitter Logbooks were reviewed by the Unit Coordinators on 04/07/15 for all residents who utilized a wanderguard bracelet to ensure the Licensed Nurses were checking the residents' transmitter daily per protocol. A new Log was added for Resident #1. A new log sheet was initiated because each new bracelet has a different expiration date. 10) The IDT reviewed the unsupervised exit on 04/07/15 and placed Resident #1 on increased monitoring, to be provided in no set pattern at a minimum of every two (2) hours and to be validated by the licensed nurses. The monitoring would be documented on the Frequent Monitoring of Resident Form. The increased monitoring was verbally communicated to each on-coming nurse during the change of shift report until each nurse had received the information. 11) The resident's physician and family were notified on 04/07/15 of the event. No new orders were received. 12) An updated "At Risk Wandering Assessment" was completed on 04/08/15 by the Unit Coordinator for Resident #1.	F 323	Beginning 04/08/15, The "Frequent Monitoring of Resident" form for Resident #1 will be reviewed by the Administrator, Unit Coordinator, RN Facility Consultant, QI Nurse or Weekend House Supervisor, to ensure monitoring of Resident #1 was completed. Issues or concerns will be corrected immediately and reported to the DON or Administrator. These audits be conducted a minimum of 4 x per week for four weeks. Beginning 04/23/15, the results of these audits will be presented to the QI Committee weekly for four weeks and any time a concern is identified; then per schedule established by the Executive QI Committee. Beginning 04/08/15, the Transmitter Logs will be completed by licensed nurses daily to document the proper functioning and placement of wanderguard bracelets. The individual log forms were audited On 04/07/15, and by the Administrator on 04/17/15 with no issues identified; and beginning 04/23/15, Administrator, Director of Admissions, Weekend Supervisor or QI Nurse no less than 4 times per week. Issues or concerns will be corrected		

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F 323	Continued From page 28 13) Resident #1's care plan was updated on 04/08/15 by the MDS Nurse to reflect the resident must be supervised if outside. 14) Beginning 04/07/15, Housekeeping staff will check the door function of the wander-guard system daily and record this on the Housekeeping/Laundry Weekly Round Sheet. 15) The Kentucky Travelers' Books (Binders with photos of all residents assessed to be at risk for wandering for each unit) were reviewed on 04/21/15. No problems were identified. 16) The Kentucky Travelers' Bulletin Boards (bulletin boards with photos specific for residents assessed to be wandering risks) maintained at each nursing unit was reviewed on 04/21/15 by the Quality Improvement Assistant Nurse. Some missing photographs were replaced. 17) The Kentucky Travelers' Boards are maintained at each nurse's station. Copies of the Kentucky Travelers' Books are maintained at each nurse's station, in the ground floor mailroom and the West Wing therapy gym. 18) The RN Facility Consultant conducted education related to changes in resident behavior; including removal of wanderguard bracelets, review/revision of care plan completion of the "At Risk Wander Assessments," monitoring/checking of wanderguard bracelets; documentation in the Transmitter Log book, placement of wander guard bracelets, and improved documentation of IDT meetings. Education was provided by the RN Facility Consultant for the Administrator, Director of	F 323	immediately and reported to the DON or Administrator. Beginning 04/23/15, The results of these audits have been/ will be presented to QI Committee weekly for four weeks and any time a concern is identified; and then per schedule established by the Executive QI Committee. Beginning 04/08/15, the Housekeeping/Laundry Weekly Round Sheet will be completed daily, by housekeeping staff, to document function of the wander-guard systems on doors and elevators. These forms were reviewed weekly by the Director of Environmental Services and Safety between 04/08/15 and 04/22/15 and beginning 04/23/15, These forms have been/will be audited no less than 4 times per week by the Director of Environmental Services and Safety, Administrator, Weekend Supervisor, Chairman of the Safety Committee or QI Nurse. Issues or concerns will be corrected immediately and reported to the DON or Administrator. To date, there have been no identified issues. Beginning 04/23/15, he results of these audits will be presented to QI Committee weekly for four weeks and any time a concern is identified; and		

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F 323	<p>Continued From page 29</p> <p>Nurses, QI Nurses, MDS Nurses, Unit Coordinators, Staff Development Nurse, Activities Director, Therapy Director, Social Services Staff, and Treatment Nurse on 04/21/15. A posttest was given after the training.</p> <p>19) The RN Director of Clinical Services provided re-education to the Weekend Supervisor and Administrator on 04/24/15; and, to the Director of Nurses, Unit Coordinators, Staff Facilitator, MDS Nurses and QI Nurses on 04/27/15. Effective 04/28/15, all staff is required to complete education and post-test on the following procedures prior to completing their next shift:</p> <p>A. Wandering/Elopement Residents</p> <p>B. Elopement systems in place to prevent elopement.</p> <p>C. Direct care will immediately notify the charge nurse in the event a resident removes a wander guard bracelet, if it comes off, or is ill fitting.</p> <p>D. The Kentucky Travelers' Books and bulletin boards are to assist with identification of residents who wander.</p> <p>E. Redirection of wandering residents to protect them from injury or possible elopement.</p> <p>F. Notify the nurse immediately if a resident cannot be found; and, if a resident is sighted outside the facility, the employee should keep the resident in sight.</p> <p>G. Staff's response to exit seeking behavior and statements.</p>	F 323	<p>then per schedule established by the Executive QI Committee.</p> <p>Kentucky Traveler books and bulletin boards were audited on 04/21/15. Photos on the bulletin boards were updated that day. Further updates to the Kentucky Traveler Books and Kentucky Traveler Bulletin Boards will be completed by the QI Assistant Nurse as changes occur.</p> <p>Beginning 04/23/15, the DON or QI Nurse will audit the Kentucky Travelers Book and Kentucky Travelers Bulletin Board 2x per month for four weeks. The results of these audits will be presented to QI Committee weekly for four weeks and any time a concern is identified; and then per schedule established by the Executive QI Committee.</p> <p>Beginning 04/08/15, the Interdisciplinary Team will review the shift reports, no less than four times per week, to ensure any resident with attempts to exit the facility or remove their wander-guards are identified and have their care plans updated, during the regularly scheduled meetings Monday through Friday.</p>		

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NAME OF PROVIDER OR SUPPLIER SOMERWOODS NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 565 BOURNE AVENUE SOMERSET, KY 42501		
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F 323	<p>Continued From page 30</p> <p>20) All new employees will receive this education during orientation. Employees on leave of absence or vacation will complete this re-education prior to working on the floor. The facility does not utilize agency staff.</p> <p>21) The RN Director of Clinical Services provided education on 04/24/15 to the Director of Environmental Services and Safety regarding use of the wander-guard equipment, testing of the doors and elevators, completion of the associated forms, redirection of residents, notification of staff regarding exit seeking residents, and response if a resident removes a bracelet.</p> <p>22) The Director of Environmental Services and Safety provided education for all environmental staff on 04/24/15 regarding use of the wander guard equipment, testing the doors and elevators, completion of the associated forms, and what to do if equipment is found to be malfunctioning.</p> <p>23) The Director of Environmental Services and Safety will ensure that all housekeeping, laundry, and maintenance staff are re-educated and have completed a post-test prior to completion of their next shift by 04/27/15.</p> <p>24) The Administrator convened with the IDT on 04/27/15 and directed the verification of the wanderguards would be conducted and documented each shift rather than daily. A licensed nurse will complete the Transmitter Log each shift for all residents requiring a wanderguard bracelet. This was effective 04/27/15.</p> <p>25) The RN Facility Consultant educated the QI Assistant Nurse on 04/27/15 regarding upkeep of</p>	F 323	<p>Beginning 04/23/15, the results of these reviews will be presented to QI Committee weekly for four weeks and any time a concern is identified, then per schedule established by the Executive QI Committee</p> <p>Criteria 5</p>	5/07/15	

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F 323	<p>Continued From page 31</p> <p>the Kentucky Travelers' Wander Books and Kentucky Travelers' Wander Bulletin Boards. The boards will be updated when a resident is placed on, or removed from wandering precautions; and, the books and boards will be reconciled monthly.</p> <p>26) Beginning 04/07/15, the "Frequent Monitoring of Resident" form for Resident #1 will be reviewed daily, by the Administrator, Unit Coordinator, RN Facility Consultant, QI Nurse or Weekend House Supervisor. Any issues or concerns will be corrected immediately and reported to the DON or Administrator.</p> <p>27) Beginning 04/27/15, the Transmitter Log will be completed by licensed nurses each shift to ensure the wander guard bracelets are in place and functioning properly. The Administrator, Director of Admission, Weekend Supervisor, or QI Nurse audited the individual log forms daily. Any concerns will be corrected immediately and reported to the DON or Administrator.</p> <p>28) The Housekeeping Staff will complete a daily round sheet to ensure the wander guard systems are functioning on the doors and elevators. Beginning 04/27/15, the Director of Environmental Services will audit these forms daily and Safety, Administrator, Weekend Supervisor, Chairman of the Safety committee or QI Nurse, and any concerns will be corrected immediately and reported to the DON or Administrator.</p> <p>29) The QI Assistant Nurse will continue to update the Kentucky Travelers' Books and the Kentucky Travelers' Bulletin Boards as changes occur. Beginning the week of 04/27/15, the DON/QI Nurse will audit the Kentucky Travelers'</p>	F 323	[This Section Blank]		

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F 323	<p>Continued From page 32</p> <p>Book and Bulletin Board two (2) times each week for accuracy.</p> <p>30) The IDT will audit shift reports daily to monitor for any resident attempts to leave the building or removal of wander guard bracelets has been identified. Concerns will be addressed immediately.</p> <p>31) All Audits will be taken to the weekly QI Committee meetings for four (4) weeks and whenever a concern is identified.</p> <p>***The State Survey Agency validated the Immediate Jeopardy was removed as follows:</p> <p>1) Review of Nursing Progress Notes dated 04/07/15, revealed Resident #1 required no treatment after the elopement and was assessed to have sustained no injury when returned to the facility.</p> <p>2) Review of the facility's documentation dated 04/07/15, and interviews with Unit Coordinators (UC) #1 on 05/04/15, at 6:00 PM; UC #2 on 05/04/15, at 5:50 PM; and UC #3 on 05/04/15, at 4:50 PM revealed each resident was accounted for on each unit of the facility on 04/07/15.</p> <p>3) Review of the facility's investigation and interview with the Administrator and Director of Nurses on 05/04/15 at 8:05 PM, revealed the investigation was initiated on 04/07/15.</p> <p>4) Review of the documentation, dated 04/07/15, revealed the secure care bracelet was replaced on Resident #1's left wrist when the resident was returned to the facility on 04/07/15.</p>	F 323	[This Section Blank]	

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F 323	<p>Continued From page 33</p> <p>5) Review of a Door Audit dated 04/07/15, and signed by the Director of Environmental Services and Safety revealed all wanderguard door systems for the doors and elevators were examined and were functioning properly on 04/07/15.</p> <p>6) Interviews with UC #2 and UC #3 on 05/04/15 revealed the elevator access was checked with the wanderguard system on 04/07/15 and no problems were identified.</p> <p>7) Review of the facility's documentation dated 04/07/15, and interviews with Unit Coordinators (UC) on 05/04/15 at 6:00 PM with UC #1; at 5:50 PM with UC #2; and, 4:50 PM with UC #3, revealed a 100% audit was conducted of residents who required a secure care bracelet. All residents assessed to require a secure care bracelet had one in place.</p> <p>8) Review of the facility's documentation and interviews with MDS Nurses (LPNs #3 and # 4 and RN #10) on 05/04/15, at 4:55 PM, revealed all care plans had been reviewed for residents who required a secure care bracelet.</p> <p>9) Review of the Transmitter Log books revealed each resident (including Resident #1) who required a wanderguard bracelet was being monitored each shift by a licensed nurse to ensure the bracelet was in place and functioning. Interview with UC (#1, #2, and #3) on 05/04/15 revealed the UC monitored the Transmitter Log book daily to ensure the bracelets were being checked by the licensed nurses and documented/reported any concerns to the Administrator.</p>	F 323	[This Section Blank]	

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F 323	<p>Continued From page 34</p> <p>10) Review of the Frequent Monitoring of Resident form from 04/07/15 through 05/04/15 revealed the monitoring checks were documented as conducted at different times with no pattern, but not greater than two (2) hour intervals. Documentation further revealed a licensed nurse daily reviewed the checks. Interviews on 05/04/15, at 5:30 PM with LPN #1, 6:50 PM with CNA # 5, and 7:00 PM with CNA #7, revealed Frequent Monitoring had been conducted for Resident #1 from 04/07/15 through 05/04/15 at different times and staff was aware of the monitoring procedures for Resident #1. Interview with LPN #1 on 04/05/15, at 5:30 PM and with UC #1 at 6:00 PM revealed they had communicated the monitoring procedures related to Resident #1 to the on-coming nurse during change of shift report to ensure each nurse had received the instruction.</p> <p>11) Review of documentation revealed Resident #1's Physician and Responsible Party were notified the resident had eloped from the facility on 04/07/15.</p> <p>12) Review of the facility's documentation revealed a new At Risk Wandering Assessment form was completed on 04/08/15 for Resident #1.</p> <p>13) Review of Resident #1's Comprehensive Care Plan revealed it was updated on 04/08/15 to reflect the elopement incident of 04/07/15 and to ensure the wanderguard bracelet would be in place and to frequently monitor the resident's whereabouts.</p> <p>14) Review of Housekeeping/Laundry Round Sheets dated 04/07/15 through 05/04/15 revealed housekeeping staff had been conducting daily</p>	F 323	[This Section Blank]		

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F 323	<p>Continued From page 35</p> <p>checks of the door functions of the wanderguard systems.</p> <p>15) The Kentucky Travelers Books were observed to be located at each nurse's station on 05/04/15. The Books contained pictures for each resident identified as at risk for wandering.</p> <p>16) The Kentucky Travelers' Bulletin Boards was observed to be maintained at each nurse's station on 05/04/15 and contained pictures for each resident identified as a wandering risk on each unit.</p> <p>17) Copies of The Kentucky Travelers' Books were also observed on 05/04/15 to be maintained in the ground floor mailroom and the West Wing therapy gym, in addition to each nursing unit.</p> <p>18) Review of the In-service Training related to "Changes In Resident Behavior," dated 04/21/15, revealed the training had been conducted by the RN Facility Consultant. Interviews conducted on 05/04/15 at 8:05 PM with the Administrator; 7:45 PM with the DON; 5:05 PM with the QI Assistant Nurse; 7:15 PM with MDS Nurse #2; 7:25 PM with MDS Nurse #3; 7:30 PM with the QI Coordinator; 8:10 PM with the Rehabilitation Manager; 8:15 PM with the Social Services Director; 8:07 PM with Activity Director; 8:20 PM with Treatment Nurse; 5:50 PM with UC #2; 6:00 PM with UC #1; and, 4:50 PM with UC #3 revealed all the staff interviewed had attended the training and were knowledgeable related to monitoring/documentation of the wanderguard bracelets. Staff was also able to verbally state the steps to take if a resident eloped from the facility. Staff completed a posttest.</p>	F 323	[This Section Blank]		

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F 323	Continued From page 36 19) Review of the In-service Training related to "Wandering Residents and Elopements Systems" dated 04/24/15 and 04/27/15, revealed the training had been conducted by the RN Director of Clinical Services. Interviews conducted on 05/04/15 at 8:05 PM with the Administrator; 7:45 PM with the DON; 5:50 PM with UC #2; 6:00 PM with UC #1; 4:50 PM with UC #3; 8:15 PM with the Weekend Supervisor; 5:05 PM with the QI Assistant Nurse; 7:30 PM with the QI Coordinator, and, 8:20 PM with the Staff Development Coordinator revealed all the staff interviewed had attended the training and was familiar with the identification system for wandering residents and the behavior management of exit seeking behaviors. Review of the In-service Training dated 04/28/15, revealed this training was also provided for all facility staff by the DON, UC, Staff Development Nurse, and QI Nurse. Interviews conducted on 05/04/15 at 3:05 PM with RN #4, 6:35 PM with RN #5, 5:30 PM with LPN #1, 6:25 PM with LPN #2, 6:45 PM with LPN #10, 8:20 PM with LPN #6, 6:50 PM with CNA #7, 6:55 PM with CNA #8, 7:00 PM with CNA #9, 7:05 PM with CNA #10, 7:10 PM with CNA #11, 7:15 PM with CNA #12, 5:45 PM with the Maintenance Director, 5:20 PM with the Environmental Services Director, 5:40 PM with Laundry Staff #1, 7:40 PM with Housekeeper (HSK) #1, 7:45 PM with HSK #2, 7:55 PM with HSK #3, 8:05 PM with HSK #4, 8:16 PM with the Weekend Supervisor, and 8:20 PM with the Staff Development Coordinator, revealed all the staff interviewed had attended the training and was familiar with the identification system for wandering residents and behavior management of exit seeking behaviors. All staff took a posttest. 20) Review of the employee list on 05/04/15	F 323	[This Section Blank]		

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F 323	<p>Continued From page 37</p> <p>revealed no new employees had been hired by the facility since 04/28/15.</p> <p>21) Review of the In-service Training "Testing of the Doors" dated 04/24/15, revealed the training was provided by the RN Director of Clinical Services. Interview with the Environmental Services Director on 05/04/15 at 5:20 PM revealed he attended the training regarding use of the wanderguard equipment and testing of the doors and elevations.</p> <p>22) Review of the In-service Training "Testing of the Doors" dated 04/27/15, revealed training was provided to the housekeeping, laundry, and maintenance staff by the Environmental Services Director. Interviews conducted on 05/04/15 at 5:45 PM with the Maintenance Director, 5:40 PM with Laundry Staff #1, 7:40 PM with Housekeeper (HSK) #1, 7:45 PM with HSK #2, 7:55 PM with HSK #3, and 8:05 PM with HSK #4 revealed these staff attended the training related to testing the doors. Staff interviewed was able to verbally state how the doors and elevators were monitored each day and how the results were to be documented on the daily round sheet.</p> <p>23) Review of the employee list on 05/04/15 and In-service training record confirmed all staff had been trained and a posttest completed by 04/27/15.</p> <p>24) Review of the Transmitter Log books revealed the verification of the wanderguard bracelets was being conducted and documented each shift since 04/27/15 by a licensed nurse.</p> <p>25) Review of the In-service Training "Kentucky Travelers' Boards and Books" dated 04/27/15</p>	F 323	[This Section Blank]		

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F 323	<p>Continued From page 38</p> <p>revealed training was provided by the RN Facility Consultant for the QA Assistant Nurse related to keeping the Kentucky Traveler's Books and Bulletin Boards up to date. Interview with the QI Assistant Nurse on 05/04/15 at 5:05 PM, confirmed the training had been provided and the employee was able to relate the process to keep the books/boards up to date.</p> <p>26) Review of the Frequent Monitoring of Resident Forms for Resident #1 dated 04/07/15 through 05/04/15 confirmed the Administrator or the Week end Supervisor reviewed the forms daily to ensure the monitoring was being provided for the resident. No problems had been identified.</p> <p>27) Review of the Transmitter Log books dated 04/27/15 through 05/04/15 provided evidence the licensed nurses were monitoring the wanderguard bracelets each shift to ensure the bracelets were in place and functioning for each resident who was assessed to require a bracelet. Further review revealed the Administrator or the Weekend Supervisor was reviewing the logs daily. No problems had been identified.</p> <p>28) Review of the daily round sheet dated 04/27/15 through 05/04/15 revealed housekeeping staff had checked the exit doors and elevators daily to ensure the alarm systems were functioning. Further review revealed the Director of Environmental Services, Administrator, or the Weekend Supervisor had been conducting daily audits of the round sheets to ensure the doors were being checked daily. No problems had been identified.</p> <p>29) Review of the audits conducted by the DON</p>	F 323	{This Section Blank}	
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F 323	Continued From page 39 and/or QI Nurse revealed the Kentucky Travelers' Boards and Books were current and up to date for the residents assessed to be at risk for wandering on 05/04/15. 30) Review of the shift report audits conducted daily by IDT team revealed there had been no resident attempts to leave the building or removal of their wanderguard bracelet. 31) Review of the Quality Improvement meeting documentation dated 04/29/15 revealed all data collected and audits conducted related to the facility's response to Resident #1's elopement from the facility on 04/07/15, were reviewed during the meeting. Interview with the Administrator on 05/04/15 at 8:05 PM revealed no significant changes in the facility's implemented plan were determined to be necessary during the meeting. Interview with the Medical Director on 05/04/15, at 3:50 PM revealed he attended the 04/29/15 QI meeting and was aware of the elopement of Resident #1 and corrective plan implemented by the facility.	F 323	[This Section Blank]		
F 490 SS=J	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of the	F 490	At approximately 2:50 p.m. on 04/07/15, Resident #1 was returned to the facility with staff without difficulty or incident. The Unit Coordinator, a licensed nurse, evaluated the resident. There were no signs distress or injury. The resident had no complaints. Immediately following Resident #1's return to the facility, Members of the IDT ensured all residents were located		

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F 490	<p>Continued From page 40</p> <p>facility's investigation, review of the facility Administrator's job description, and review of the facility's policy and procedures it was determined the facility Administrator failed to ensure the facility's resources, including policies related to supervision to prevent accidents and elopement, were used effectively and efficiently to maintain the highest practicable physical, mental, and psychosocial well-being for one (1) of three (3) sampled residents (Resident #1).</p> <p>On 04/01/15, Resident #1 removed a wanderguard bracelet from his/her left ankle that was implemented to reduce the resident's risks for elopement. The Administrator was aware the resident removed his/her wanderguard bracelet and he also attended an Interdisciplinary Team (IDT) meeting to discuss the Incident related to the resident removing his/her bracelet. However, the Administrator failed to ensure policies and procedures were implemented to ensure the resident was provided the necessary supervision to prevent elopement. On 04/07/15, Resident #1 again removed his/her wanderguard bracelet and left the facility without staff knowledge. The resident was discovered outside the facility walking on a city sidewalk. (Refer to F280 and F323.)</p> <p>The facility's failure to have an effective system in place to ensure the Administrator used the facility's resources effectively and efficiently to maintain the highest practicable physical, mental, and psychosocial well-being for each resident was likely to cause serious injury, harm, Impalment, or death. Immediate Jeopardy was determined to exist on 04/01/15 at 42 CFR 483.20 Resident Assessment (F280), 42 CFR 483.25 Quality of Care (F323), and 42 CFR</p>	F 490	<p>and accounted for by staff. No residents were missing.</p> <p>The Administrator reviewed with the Unit Coordinator and the MDS Nurse, on 04/08/15, that Resident #1 required an At Risk Wandering Assessment and a Care Plan Revision. The Director of Nursing (DON) reviewed the medical record, on 04/08/15, to ensure these tasks were completed.</p> <p>On 04/21/15, The RN Facility Consultant conducted training for the Administrator related to changes in behavior (resident removal of wander-guards) should be addressed by the IDT and the Care Plan Reviewed/Revised; At Risk Wander Assessments should be completed upon Admission, Quarterly, and with Significant Changes in condition. Wander-guard bracelets should be checked daily for function and documented in the Transmitter Log book, placement of wander-guard bracelets, and improved documentation of IDT meetings.</p> <p>The Interdisciplinary Team will review the shift reports, no less than four times per week, to ensure any resident with attempts to exit the facility or remove their wander-guards are identified and</p>		

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F 490	<p>Continued From page 41</p> <p>483.75 Administration (F490) with Substandard Quality of Care at 42 CFR 483.25 Quality of Care (F323). The facility was notified of the Immediate Jeopardy on 04/21/15.</p> <p>An acceptable Allegation of Compliance was received on 04/30/15 which alleged removal of the Immediate Jeopardy on 04/28/15. A partial extended survey was conducted on 05/04/15. The State Survey Agency determined the Immediate Jeopardy was removed on 04/28/15, as alleged, which lowered the Scope and Severity to "D" at 42 CFR 483.20 Resident Assessment (F280), 42 CFR 483.25 Quality of Care (F323), and 42 CFR 483.75 Administration (F490) while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p> <p>The findings include:</p> <p>Review of the facility Administrator's job description (dated September 2012) revealed the Administrator's primary purpose was to "direct the overall operation of the facility's activities in accordance with federal, state, and local standards, guidelines, and regulations."</p> <p>Review of the Nurse's Progress Notes dated 04/01/15, revealed Resident #1 removed his/her wanderguard bracelet from his/her left ankle and gave it to the nurse. Facility staff replaced the bracelet.</p> <p>Review of the facility's investigation Initiated on 04/07/15 revealed Resident #1 was discovered at approximately 2:45 PM on 04/07/15, by a staff member, walking down a city sidewalk between the facility and a church. According to the investigation, the resident had removed the</p>	F 490	<p>have their care plans updated during the regularly scheduled meetings Monday through Friday. The results of these reviews will be presented to QI Committee weekly for four weeks and any time a concern is identified, then per schedule established by the Executive QI Committee.</p> <p>Criteria 5</p>	05/07/15	

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F 490	<p>Continued From page 42</p> <p>wanderguard bracelet and left the facility without staff knowledge. The staff person leaving the facility saw the resident and returned to the facility to determine if the person she saw walking down the sidewalk was indeed the resident. After a search, facility staff determined the resident was missing. Facility staff assisted Resident #1 back into the facility and assessed the resident to have sustained no injury.</p> <p>The Administrator acknowledged in interview conducted on 04/21/15 at 1:20 PM, he was aware the resident had removed the wanderguard bracelet on 04/01/15. Further interview revealed the Administrator was involved in the IDT meeting on 04/02/15 to discuss the 04/01/15 incident when Resident #1 removed his/her wanderguard bracelet. However, according to the Administrator, the resident's bracelet had been reapplied and no additional supervision had been added to monitor the resident's whereabouts. The Administrator stated he did not believe the resident would leave the facility unsupervised and the IDT felt the bracelet was adequate.</p> <p>**The facility provided an acceptable Allegation of Compliance (AOC) on 04/30/15. The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>1) Resident #1 was found outside of the facility at approximately 2:45 PM on 04/07/15. Resident #1 was assisted back into the facility safely. The Unit Coordinator completed a physical assessment to rule out injury or acute distress.</p> <p>2) All residents were accounted for or were determined to be present in the facility by the Unit Coordinators and facility staff. All residents were</p>	F 490	[This Section Blank]		

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F 490	<p>Continued From page 43 accounted for at that time.</p> <p>3) The Administrator and Director of Nurses immediately initiated an investigation of Resident #1's elopement.</p> <p>4) The wanderguard bracelet was reapplied to Resident #1's left wrist and was verified to be secure by the Unit Coordinator on 04/07/15.</p> <p>5) The Director of Environmental Services and Safety checked the wander-guard door systems at each exit and elevator on 04/07/15. All systems were functioning properly.</p> <p>6) The Unit Coordinators verified the wander-guard alarms on the 2nd and 3rd floor elevators' access points were functioning properly on 04/07/15.</p> <p>7) A 100% audit of residents requiring a wanderguard bracelet was conducted on 04/07/15 to ensure the bracelets were in place. All residents assessed to require a wanderguard bracelet had one in place.</p> <p>8) Review of the plans of care for all residents who require a wanderguard bracelet was conducted by the MDS Nurses on 04/07/15. No concerns were identified.</p> <p>9) The Transmitter Logbooks were reviewed by the Unit Coordinators on 04/07/15 for all residents who utilized a wanderguard bracelet to ensure the Licensed Nurses were checking the residents' transmitter daily per protocol. A new Log was added for Resident #1. A new log sheet was initiated because each new bracelet has a different expiration date.</p>	F 490	[This Section Blank]		

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F 490	Continued From page 44 10) The IDT reviewed the unsupervised exit on 04/07/15 and placed Resident #1 on increased monitoring, to be provided in no set pattern at a minimum of every two (2) hours and to be validated by the licensed nurses. The monitoring would be documented on the Frequent Monitoring of Resident Form. The increased monitoring was verbally communicated to each on-coming nurse during the change of shift report until each nurse had received the information. 11) The resident's physician and family were notified on 04/07/15 of the event. No new orders were received. 12) An updated "At Risk Wandering Assessment" was completed on 04/08/15 by the Unit Coordinator for Resident #1. 13) Resident #1's care plan was updated on 04/08/15 by the MDS Nurse to reflect the resident must be supervised if outside. 14) Beginning 04/07/15, Housekeeping staff will check the door function of the wander-guard system daily and record this on the Housekeeping/Laundry Weekly Round Sheet. 15) The Kentucky Travelers' Books (Binders with photos of all residents assessed to be at risk for wandering for each unit) were reviewed on 04/21/15. No problems were identified. 16) The Kentucky Travelers' Bulletin Boards (bulletin boards with photos specific for residents assessed to be wandering risks) maintained at each nursing unit was reviewed on 04/21/15 by the Quality Improvement Assistant Nurse. Some	F 490	[This Section Blank]	

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F 490	Continued From page 45 missing photographs were replaced. 17) The Kentucky Travelers' Boards are maintained at each nurse's station. Copies of the Kentucky Travelers' Books are maintained at each nurse's station, in the ground floor mailroom and the West Wing therapy gym. 18) The RN Facility Consultant conducted education related to changes in resident behavior, including removal of wanderguard bracelets, review/revision of care plan completion of the "At Risk Wander Assessments," monitoring/checking of wanderguard bracelets; documentation in the Transmitter Log book, placement of wander guard bracelets, and improved documentation of IDT meetings. Education was provided by the RN Facility Consultant for the Administrator, Director of Nurses, QI Nurses, MDS Nurses, Unit Coordinators, Staff Development Nurse, Activities Director, Therapy Director, Social Services Staff, and Treatment Nurse on 04/21/15. A posttest was given after the training. 19) The RN Director of Clinical Services provided re-education to the Weekend Supervisor and Administrator on 04/24/15; and, to the Director of Nurses, Unit Coordinators, Staff Facilitator, MDS Nurses and QI Nurses on 04/27/15. Effective 04/28/15, all staff is required to complete education and post-test on the following procedures prior to completing their next shift: A. Wandering/Elopement Residents B. Elopement systems in place to prevent elopement.	F 490	[This Section Blank]	

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F 490	<p>Continued From page 46</p> <p>C. Direct care will immediately notify the charge nurse in the event a resident removes a wander guard bracelet, if it comes off, or is ill fitting.</p> <p>D. The Kentucky Travelers' Books and bulletin boards are to assist with identification of residents who wander.</p> <p>E. Redirection of wandering residents to protect them from injury or possible elopement.</p> <p>F. Notify the nurse immediately if a resident cannot be found; and, if a resident is sighted outside the facility, the employee should keep the resident in sight.</p> <p>G. Staff's response to exit seeking behavior and statements.</p> <p>20) All new employees will receive this education during orientation. Employees on leave of absence or vacation will complete this re-education prior to working on the floor. The facility does not utilize agency staff.</p> <p>21) The RN Director of Clinical Services provided education on 04/24/15 to the Director of Environmental Services and Safety regarding use of the wander-guard equipment, testing of the doors and elevators, completion of the associated forms, redirection of residents, notification of staff regarding exit seeking residents, and response if a resident removes a bracelet.</p> <p>22) The Director of Environmental Services and Safety provided education for all environmental staff on 04/24/15 regarding use of the wander guard equipment, testing the doors and elevators, completion of the associated forms, and what to</p>	F 490	[This Section Blank]		

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F 490	<p>Continued From page 47 do if equipment is found to be malfunctioning.</p> <p>23) The Director of Environmental Services and Safety will ensure that all housekeeping, laundry, and maintenance staff are re-educated and have completed a post-test prior to completion of their next shift by 04/27/15.</p> <p>24) The Administrator convened with the IDT on 04/27/15 and directed the verification of the wanderguards would be conducted and documented each shift rather than daily. A licensed nurse will complete the Transmitter Log each shift for all residents requiring a wanderguard bracelet. This was effective 04/27/15.</p> <p>25) The RN Facility Consultant educated the QI Assistant Nurse on 04/27/15 regarding upkeep of the Kentucky Travelers' Wander Books and Kentucky Travelers' Wander Bulletin Boards. The boards will be updated when a resident is placed on, or removed from wandering precautions; and, the books and boards will be reconciled monthly.</p> <p>26) Beginning 04/07/15, the "Frequent Monitoring of Resident" form for Resident #1 will be reviewed daily, by the Administrator, Unit Coordinator, RN Facility Consultant, QI Nurse or Weekend House Supervisor. Any issues or concerns will be corrected immediately and reported to the DON or Administrator.</p> <p>27) Beginning 04/27/15, the Transmitter Log will be completed by licensed nurses each shift to ensure the wander guard bracelets are in place and functioning properly. The Administrator, Director of Admission, Weekend Supervisor, or QI Nurse audited the individual log forms daily.</p>	F 490	[This Section Blank]		

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F 490	<p>Continued From page 48</p> <p>Any concerns will be corrected immediately and reported to the DON or Administrator.</p> <p>28) The Housekeeping Staff will complete a daily round sheet to ensure the wander guard systems are functioning on the doors and elevators. Beginning 04/27/15, the Director of Environmental Services will audit these forms daily and Safety, Administrator, Weekend Supervisor, Chairman of the Safety committee or QI Nurse, and any concerns will be corrected immediately and reported to the DON or Administrator.</p> <p>29) The QI Assistant Nurse will continue to update the Kentucky Travelers' Books and the Kentucky Travelers' Bulletin Boards as changes occur. Beginning the week of 04/27/15, the DON/QI Nurse will audit the Kentucky Travelers' Book and Bulletin Board two (2) times each week for accuracy.</p> <p>30) The IDT will audit shift reports daily to monitor for any resident attempts to leave the building or removal of wander guard bracelets has been identified. Concerns will be addressed immediately.</p> <p>31) All Audits will be taken to the weekly QI Committee meetings for four (4) weeks and whenever a concern is identified.</p> <p>***The State Survey Agency validated the Immediate Jeopardy was removed as follows:</p> <p>1) Review of Nursing Progress Notes dated 04/07/15, revealed Resident #1 required no treatment after the elopement and was assessed to have sustained no injury when returned to the</p>	F 490	[This Section Blank]	

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F 490	<p>Continued From page 49 facility.</p> <p>2) Review of the facility's documentation dated 04/07/15, and interviews with Unit Coordinators (UC) #1 on 05/04/15, at 6:00 PM; UC #2 on 05/04/15, at 5:50 PM; and UC #3 on 05/04/15, at 4:50 PM revealed each resident was accounted for on each unit of the facility on 04/07/15.</p> <p>3) Review of the facility's investigation and interview with the Administrator and Director of Nurses on 05/04/15 at 8:05 PM, revealed the investigation was initlated on 04/07/15.</p> <p>4) Review of the documentation, dated 04/07/15, revealed the secure care bracelet was replaced on Resident #1's left wrist when the resident was returned to the facility on 04/07/15.</p> <p>5) Review of a Door Audit dated 04/07/15, and signed by the Director of Environmental Services and Safety revealed all wanderguard door systems for the doors and elevators were examined and were functioning properly on 04/07/15.</p> <p>6) Interviews with UC #2 and UC #3 on 05/04/15 revealed the elevator access was checked with the wanderguard system on 04/07/15 and no problems were identified.</p> <p>7) Review of the facility's documentation dated 04/07/15, and interviews with Unit Coordinators (UC) on 05/04/15 at 6:00 PM with UC #1; at 5:50 PM with UC #2; and, 4:50 PM with UC #3, revealed a 100% audit was conducted of residents who required a secure care bracelet. All residents assessed to require a secure care bracelet had one in place.</p>	F 490	[This Section Blank]	
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F 490	Continued From page 50 8) Review of the facility's documentation and interviews with MDS Nurses (LPNs #3 and # 4 and RN #10) on 05/04/15, at 4:55 PM, revealed all care plans had been reviewed for residents who required a secure care bracelet. 9) Review of the Transmitter Log books revealed each resident (Including Resident #1) who required a wanderguard bracelet was being monitored each shift by a licensed nurse to ensure the bracelet was in place and functioning. Interview with UC (#1, #2, and #3) on 05/04/15 revealed the UC monitored the Transmitter Log book daily to ensure the bracelets were being checked by the licensed nurses and documented/reported any concerns to the Administrator. 10) Review of the Frequent Monitoring of Resident form from 04/07/15 through 05/04/15 revealed the monitoring checks were documented as conducted at different times with no pattern, but not greater than two (2) hour intervals. Documentation further revealed a licensed nurse daily reviewed the checks. Interviews on 05/04/15, at 5:30 PM with LPN #1, 6:50 PM with CNA # 5, and 7:00 PM with CNA #7, revealed Frequent Monitoring had been conducted for Resident #1 from 04/07/15 through 05/04/15 at different times and staff was aware of the monitoring procedures for Resident #1. Interview with LPN #1 on 04/05/15, at 5:30 PM and with UC #1 at 6:00 PM revealed they had communicated the monitoring procedures related to Resident #1 to the on-coming nurse during change of shift report to ensure each nurse had received the instruction.	F 490	[This Section Blank]		

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F 490	<p>Continued From page 51</p> <p>11) Review of documentation revealed Resident #1's Physician and Responsible Party were notified the resident had eloped from the facility on 04/07/15.</p> <p>12) Review of the facility's documentation revealed a new At Risk Wandering Assessment form was completed on 04/08/15 for Resident #1.</p> <p>13) Review of Resident #1's Comprehensive Care Plan revealed it was updated on 04/08/15 to reflect the elopement incident of 04/07/15 and to ensure the wanderguard bracelet would be in place and to frequently monitor the resident's whereabouts.</p> <p>14) Review of Housekeeping/Laundry Round Sheets dated 04/07/15 through 05/04/15 revealed housekeeping staff had been conducting daily checks of the door functions of the wanderguard systems.</p> <p>15) The Kentucky Travelers Books were observed to be located at each nurse's station on 05/04/15. The Books contained pictures for each resident identified as at risk for wandering.</p> <p>16) The Kentucky Travelers' Bulletin Boards was observed to be maintained at each nurse's station on 05/04/15 and contained pictures for each resident identified as a wandering risk on each unit.</p> <p>17) Copies of The Kentucky Travelers' Books were also observed on 05/04/15 to be maintained in the ground floor mailroom and the West Wing therapy gym, in addition to each nursing unit.</p> <p>18) Review of the In-service Training related to</p>	F 490	[This Section Blank]	
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NAME OF PROVIDER OR SUPPLIER SOMERWOODS NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 555 BOURNE AVENUE SOMERSET, KY 42501	
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F 490	<p>Continued From page 52</p> <p>"Changes in Resident Behavior," dated 04/21/15, revealed the training had been conducted by the RN Facility Consultant. Interviews conducted on 05/04/15 at 8:05 PM with the Administrator; 7:45 PM with the DON; 5:05 PM with the QI Assistant Nurse; 7:15 PM with MDS Nurse #2; 7:25 PM with MDS Nurse #3; 7:30 PM with the QI Coordinator; 8:10 PM with the Rehabilitation Manager; 8:15 PM with the Social Services Director; 8:07 PM with Activity Director; 8:20 PM with Treatment Nurse; 5:50 PM with UC #2; 6:00 PM with UC #1; and, 4:50 PM with UC #3 revealed all the staff interviewed had attended the training and were knowledgeable related to monitoring/documentation of the wanderguard bracelets. Staff was also able to verbally state the steps to take if a resident eloped from the facility. Staff completed a posttest.</p> <p>19) Review of the In-service Training related to "Wandering Residents and Elopements Systems" dated 04/24/15 and 04/27/15, revealed the training had been conducted by the RN Director of Clinical Services. Interviews conducted on 05/04/15 at 8:05 PM with the Administrator; 7:45 PM with the DON; 5:50 PM with UC #2; 6:00 PM with UC #1; 4:50 PM with UC #3; 8:15 PM with the Weekend Supervisor; 5:05 PM with the QI Assistant Nurse; 7:30 PM with the QI Coordinator; and, 8:20 PM with the Staff Development Coordinator revealed all the staff interviewed had attended the training and was familiar with the identification system for wandering residents and the behavior management of exit seeking behaviors. Review of the In-service Training dated 04/28/15, revealed this training was also provided for all facility staff by the DON, UC, Staff Development Nurse, and QI Nurse. Interviews conducted on</p>	F 490	[This Section Blank]	

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F 490	<p>Continued From page 53</p> <p>05/04/15 at 3:05 PM with RN #4, 6:35 PM with RN #5, 5:30 PM with LPN #1, 6:25 PM with LPN #2, 6:45 PM with LPN #10, 8:20 PM with LPN #6, 6:50 PM with CNA #7, 6:55 PM with CNA #8, 7:00 PM with CNA #9, 7:05 PM with CNA #10, 7:10 PM with CNA #11, 7:15 PM with CNA #12, 5:45 PM with the Maintenance Director, 5:20 PM with the Environmental Services Director, 5:40 PM with Laundry Staff #1, 7:40 PM with Housekeeper (HSK) #1, 7:45 PM with HSK #2, 7:55 PM with HSK #3, 8:05 PM with HSK #4, 8:18 PM with the Weekend Supervisor, and 8:20 PM with the Staff Development Coordinator, revealed all the staff interviewed had attended the training and was familiar with the identification system for wandering residents and behavior management of exit seeking behaviors. All staff took a posttest.</p> <p>20) Review of the employee list on 05/04/15 revealed no new employees had been hired by the facility since 04/28/15.</p> <p>21) Review of the In-service Training "Testing of the Doors" dated 04/24/15, revealed the training was provided by the RN Director of Clinical Services. Interview with the Environmental Services Director on 05/04/15 at 5:20 PM revealed he attended the training regarding use of the wanderguard equipment and testing of the doors and elevations.</p> <p>22) Review of the In-service Training "Testing of the Doors" dated 04/27/15, revealed training was provided to the housekeeping, laundry, and maintenance staff by the Environmental Services Director. Interviews conducted on 05/04/15 at 5:45 PM with the Maintenance Director, 5:40 PM with Laundry Staff #1, 7:40 PM with Housekeeper (HSK) #1, 7:45 PM with HSK #2, 7:55 PM with</p>	F 490	[This Section Blank]		

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F 490	<p>Continued From page 54</p> <p>HSK #3, and 8:05 PM with HSK #4 revealed these staff attended the training related to testing the doors. Staff interviewed was able to verbally state how the doors and elevators were monitored each day and how the results were to be documented on the daily round sheet.</p> <p>23) Review of the employee list on 05/04/15 and In-service training record confirmed all staff had been trained and a posttest completed by 04/27/15.</p> <p>24) Review of the Transmitter Log books revealed the verification of the wanderguard bracelets was being conducted and documented each shift since 04/27/15 by a licensed nurse.</p> <p>25) Review of the In-service Training "Kentucky Travelers' Boards and Books" dated 04/27/15 revealed training was provided by the RN Facility Consultant for the QA Assistant Nurse related to keeping the Kentucky Traveler's Books and Bulletin Boards up to date. Interview with the QI Assistant Nurse on 05/04/15 at 5:05 PM, confirmed the training had been provided and the employee was able to relate the process to keep the books/boards up to date.</p> <p>26) Review of the Frequent Monitoring of Resident Forms for Resident #1 dated 04/07/15 through 05/04/15 confirmed the Administrator or the Week end Supervisor reviewed the forms daily to ensure the monitoring was being provided for the resident. No problems had been identified.</p> <p>27) Review of the Transmitter Log books dated 04/27/15 through 05/04/15 provided evidence the licensed nurses were monitoring the</p>	F 490	[This Section Blank]		

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F 490	<p>Continued From page 55</p> <p>wanderguard bracelets each shift to ensure the bracelets were in place and functioning for each resident who was assessed to require a bracelet. Further review revealed the Administrator or the Weekend Supervisor was reviewing the logs daily. No problems had been identified.</p> <p>28) Review of the daily round sheet dated 04/27/15 through 05/04/15 revealed housekeeping staff had checked the exit doors and elevators daily to ensure the alarm systems were functioning. Further review revealed the Director of Environmental Services, Administrator, or the Weekend Supervisor had been conducting daily audits of the round sheets to ensure the doors were being checked daily. No problems had been identified.</p> <p>29) Review of the audits conducted by the DON and/or QI Nurse revealed the Kentucky Travelers' Boards and Books were current and up to date for the residents assessed to be at risk for wandering on 05/04/15.</p> <p>30) Review of the shift report audits conducted daily by IDT team revealed there had been no resident attempts to leave the building or removal of their wanderguard bracelet.</p> <p>31) Review of the Quality Improvement meeting documentation dated 04/29/15 revealed all data collected and audits conducted related to the facility's response to Resident #1's elopement from the facility on 04/07/15, were reviewed during the meeting. Interview with the Administrator on 05/04/15 at 8:05 PM revealed no significant changes in the facility's implemented plan were determined to be necessary during the meeting. Interview with the Medical Director on</p>	F 490	[This Section Blank]	
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F 490	Continued From page 56 05/04/15, at 3:50 PM revealed he attended the 04/29/15 QI meeting and was aware of the elopement of Resident #1 and corrective plan implemented by the facility.	F 490	[This Section Blank]		