

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

PRINTED: 05/21/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/07/2015
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501		
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F 000	INITIAL COMMENTS	F 000		
F 241 SS=D	<p>An abbreviated standard survey (KY23196) was initiated on 05/06/15 and concluded on 05/07/15. The complaint was substantiated with deficient practice identified at a scope and severity of "D."</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, medical record review, and review of the facility's policy it was determined the facility failed to promote care for residents in a manner that maintained or enhanced each resident's dignity and respect in full recognition of his/her individuality for one (1) of thirty-six (36) sampled residents (Resident #36). Observation of the resident's wheelchair, which was in the corner in the room, revealed a cushion in the chair which smelled of urine. Interviews conducted with facility staff revealed the resident's wheelchair "always" smelled "like pee" and the resident had been observed in the hallway and in the dining area with large amounts of urine under his/her wheelchair.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Quality of Life-Dignity," last revised October 2009, revealed residents would be cared for in a manner that promotes and enhances quality of life, dignity,</p>	F 241	<p>F 241</p> <p>1.</p> <p>Resident # 36 was reassessed by Nurse Practitioner on 5/14/2015 and Dietitian on 5/8/2015 in which G-tube flushes were decreased to 200 ml TID. Resident is incontinent of bowel and bladder, skin remains intact with no signs and symptoms of infection. Resident is tolerating current diet. Referral was made to speech therapy regarding possible diet upgrade. G-Tube flushes were decreased to 30ml water after each med pass. Increased fluid intake to equal approximately 1600 ml daily NP and POA was notified on 5/11/2015 and 5/14/15. Care plan was updated on 5/8/15, 5/11/15, and 5/15/15 to reflect the above stated items including incontinence product usage. Wheelchair and cushion was power washed on 5/7/14 by Stacy Hall Central Supply Coordinator. A new cushion was ordered and received on 5/14/2015.</p>	6/9/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Shawn O'Conner

TITLE
Administrator

(X6) DATE
6/4/15

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 241	<p>Continued From page 1 respect, and individuality.</p> <p>Review of the medical record for Resident #36 revealed the facility admitted the resident on 08/23/00 with diagnoses that included Cerebral Palsy and Aphasia. Review of the Quarterly Minimum Data Set (MDS) Assessment dated 03/15/15, revealed the resident was incontinent of bowel and bladder and required extensive assistance with toileting and personal hygiene. The facility assessed the resident to have no Brief Interview for Mental Status (BIMS) score; therefore, the resident was not interviewable.</p> <p>Observations on 05/06/15 at 1:55 PM revealed Resident #36 lying in bed. An interview was attempted; however, the resident was unable to respond to questions asked due to cognitive impairment. Further observation revealed the resident's wheelchair in the corner of the resident's room. The wheelchair cushion smelled of urine.</p> <p>Interview with State Registered Nurse Aide (SRNA) #20 on 05/06/15 at 6:00 PM revealed she assisted Resident #36 to bed after lunch on 05/06/15. The SRNA stated the resident's wheelchair had a urine odor when the resident was assisted to bed. SRNA #20 stated she did not report the odor to anyone because "it always smells like that." The SRNA stated she had observed Resident #36 in the facility hallway "a couple of times," with urine on the floor, under his/her chair, but she could not recall the dates or times. The SRNA stated she had "cleaned the resident and the floor" herself without reporting the incidents to anyone. SRNA #20 acknowledged that sitting in the hallways and other areas with urine under the resident's</p>	F 241	<p>2. All wheelchairs and cushions were power washed by May 11, 2015 by Plant Operations Director, Admissions Director, Quality of Life Director, and Housekeeping Supervisor.</p> <p>A list of residents flagged from their most recent MDS as well as a review from discussion of staff was utilized in which a bowel and bladder assessment was completed by May 16, 2015 by the Licensed Nurses. A new incontinence care plan was completed on any residents who were assessed as being incontinent. Staff were questioned by May 28, 2015 by Assistant Administrator related to any knowledge of a resident's dignity not being maintained. All residents with BIMS 8 or greater were interviewed regarding honoring of privacy, choices, and being treated with dignity. All POA's of residents with a BIMS less than 7 were interviewed by Admissions Director, Social Services Director, Social Services Assistant, Central Supply Director by May in reference on honoring their loved ones dignity or any other concerns. No issues were identified.</p> <p>3. A wheelchair and cushion cleaning schedule was re-vised on May 7, 2015 which includes every wheelchair is pressure washed monthly. Nursing staff education on regarding Dignity and Respect in caring for residents in a manner and environment that maintains or enhances each resident's dignity and</p>	

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F 241	<p>Continued From page 2</p> <p>wheelchair, or the wheelchair cushion smelling like urine, would be a dignity concern.</p> <p>Interview with SRNA #21 on 05/07/15 at 11:45 AM revealed Resident #36's wheelchair "always" smelled "like pee." The SRNA stated she had reported a while back that the resident's wheelchair smelled of urine but she was unsure of the exact date and to whom she reported this concern. She stated a new cushion had been retrieved for the resident but could not remember when. However, SRNA #21 stated the resident was a "heavy wetter" and often leaked through the brief. SRNA #21 further stated Resident #36's chair continued to smell of urine after the new cushion was received.</p> <p>Interview with SRNA #22 on 05/07/15 at 11:55 AM revealed Resident #36's wheelchair always had a urine odor. SRNA #22 stated all wheelchairs were cleaned twice weekly during the night shift. The SRNA stated the resident's wheelchair had been cleaned as required according to the facility's wheelchair cleaning schedule; however, the resident's wheelchair continued to smell of urine.</p> <p>Interview with Registered Nurse (RN) #9 on 05/07/15 at 3:45 PM revealed she had observed Resident #36 in the facility's dining room with urine under his/her wheelchair. She stated the resident was a "heavy wetter." The RN stated she had not implemented any interventions to address urine being under the resident's wheelchair. She further stated she should have addressed this problem because "it could have saved dignity" for the resident.</p> <p>Interview with the Director of Nursing (DON) on</p>	F 241	<p>respect in full recognition of his or her individuality as well as education on the Bowel and Bladder Policy and Procedure was completed by 5-29-15 by the Assistant Administrator and Staff Development Coordinator. Department Heads consisting of Assistant Administrator, Director of Nursing, Assistant Directors of Nursing, Admissions Director, Social Services Director, Quality of Life Director, Medical Records Coordinator, Central Supply Coordinator, Dietary Manager, Plant Operations Director, Housekeeping Supervisor, MDS Coordinators, Human Resources Director, Staff Development Coordinator, and Business Office Manager were educated on May 8, 2015 by the Administrator regarding Dignity and Respect in caring for residents in a manner and environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality as well as education on the Bowel and Bladder Policy and Procedure .</p> <p>Nursing staff will report, document, and follow up on any change of condition to include concerns related to change in bowel or bladder, smells of urine, large amounts of urine, odors or any concerns related to dignity and respect of individuality. Concerns will be followed up during the daily clinical meeting or by the weekend manager. Resident council was held on May 13, 2015 by Quality of Life Director to educate on Resident Right and Dignity and to address any concerns. Department Heads- Admissions Director, Central Supply Coordinator, Medical Records Coordinator, MDS Coordinator, Human Resource Director, Staff Development Coordinator, Restorative/Infection Control Nurse, RSM, Social Services Director, Dietary Manager are assigned room rounds daily and the weekend manager rounds on all rooms and residents daily in which dignity and environmental concerns are to be noted and addressed immediately, with notification to Supervisor, ADON, DON or Administrator. Administrator, Director of Nursing, Director of Plant Operations and Housekeeping Supervisor will make walking visual rounds weekly for any plant operations, environmental or care concerns in which areas will be addresses on a priority bases as it related to resident safety, dignity, privacy, environmental or plant operation concerns.</p>		

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F 241	Continued From page 3 05/07/15 at 4:00 PM revealed she had observed Resident #36 to have urine under his/her wheelchair on one occasion. Even though the DON had observed urine under the resident's wheelchair, no preventive actions had been taken to ensure the resident was not observed in public areas of the facility with urine under his/her chair. The DON stated she was not aware the resident's wheelchair had a urine odor. However, she stated staff should have notified administrative staff of the urine odor to the resident's wheelchair, so it could have been "taken care of."	F 241	4. Daily rounds by the Department heads Assistant Administrator, Director of Nursing, Assistant Directors of Nursing, Admissions Director, Social Services Director, Quality of Life Director, Medical Records Coordinator, Central Supply Coordinator, Dietary Manager, Plant Operations Director, Housekeeping Supervisor, MDS Coordinators, Human Resources Director, Staff Development Coordinator, or by the weekend manager will be reviewed daily and concerns addressed with followed up daily by the Administrator. Daily rounds will be addressed during the daily standup meeting as well as the monthly QAPI meeting. Weekly rounds by the Administrator, DON, Plant Operations and Housekeeping will be reviewed during the monthly QA meeting. All audit and rounds will be reviewed to address root cause analysis, education, interventions, and evaluations of interventions to determine if any revisions or further education or analysis is needed.		
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP 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. 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.	F 280	5. 6/9/15 F280 1. Resident # 36 has been reassessed by Nurse Practitioner on 5-14-15 and Dietitian on 5-8-15 and 5/8/15 and care plan was reviewed and updated by the Interdisciplinary team on 5/8/15, 5/11/15, and 5/15/15 to include interventions for leakage of urine. 2. All care plans were reviewed by 5/29/2015 for accuracy. Updates or revisions were completed as needed during the review by 5/29/2015. A list of residents flagged from their most recent MDS as well as a review from discussion of staff was utilized in which a bowel and bladder assessment was completed on 5/16/2015 by Licensed Nurses. A new incontinence care plan was completed on any residents who were assessed as being incontinent.	6/9/15	

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F 280	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and review of the facility's policy it was determined the facility failed to ensure residents' care plans were periodically reviewed and revised for one (1) of thirty-six (36) sampled residents (Resident #36). Interviews conducted with facility staff revealed Resident #36 was a "heavy wetter" and they had observed the resident in the hallway and in the dining area with large amounts of urine under his/her wheelchair. Review of the resident's comprehensive care plan and interviews with staff revealed the facility failed to review/revise the resident's care plan to reflect this problem area for Resident #36.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Care Plans-Comprehensive," last revised October 2010, revealed resident care plans would be individualized and would include measurable objectives and timetables to meet the resident's medical, nursing, mental, and psychological needs.</p> <p>Review of the medical record for Resident #36 revealed the facility admitted the resident on 08/23/00 with diagnoses that included Cerebral Palsy and Aphasia. Review of the Quarterly Minimum Data Set Assessment (MDS) dated 03/15/15, revealed Resident #36 was incontinent of bowel and bladder, and required extensive assistance from staff with personal hygiene and toileting. The facility assessed the resident's Brief Interview for Mental Status (BIMS) score to be zero (0), which indicated the resident was not interviewable.</p>	F 280	<p>3.Nursing staff and department heads were educated on care plans to include initiation of care plans, updating care plans as changes identified, quarterly care plans and annual care plans by May 29, 2015.Care plans will be updated as changes are identified by the staff nurse during the shift identified. Care plans will be reviewed daily during the daily clinical meeting for revisions made during the last 24 hours for completeness and appropriateness or to address any further identified areas.</p> <p>Also, Nursing staff and department heads consisting of Assistant Administrator, Director of Nursing, Assistant Directors of Nursing, Admissions Director, Social Services Director, Quality of Life Director, Medical Records Coordinator, Central Supply Coordinator, Dietary Manager, Plant Operations Director, Housekeeping Supervisor, MDS Coordinators, Business Office Manager, and Staff Development Coordinator was educated on 5/8/2015 by Administrator regarding Dignity and Respect in caring for residents in a manner and environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality as well as education on the Bowel and Bladder Policy and Procedure by 5/29/15 by the Staff Development Coordinator. Nursing staff will report, document, and follow up on any change of condition to include concerns related to change in bowel or bladder, smells of urine, large amounts of urine, odors or any concerns related to dignity and respect of individuality.</p>	

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F 280	<p>Continued From page 5</p> <p>Review of Resident #36's Comprehensive Care Plan, last revised 03/16/15, revealed staff had identified the resident to have a potential for complications associated with incontinence of bowel and/or bladder. Staff was directed to observe and report any changes in bladder status to the nurse and the resident's physician, and to provide and encourage the use of "diapers" (adult incontinence brief) for the resident. The care plan included no measures related to the resident being a "heavy wetter" (as described by staff) or measures to prevent the resident from having urine under his/her wheelchair.</p> <p>Observations conducted on 05/06/15 at 1:55 PM revealed Resident #36 lying in bed. An interview was attempted; however, the resident was unable to respond to questions asked related to his/her cognitive impairment. Resident #36's wheelchair was observed in the corner of the room with a urine odor noted on the wheelchair.</p> <p>Interview with State Registered Nurse Aide (SRNA) #20 on 05/06/15 at 6:00 PM revealed she had observed Resident #36 in the facility hallway "a couple of times" with urine on the floor under his/her chair. She stated she had not reported the incidents to anyone.</p> <p>Interview with Registered Nurse (RN) #9 on 05/07/15 at 3:45 PM revealed the RN had observed Resident #36 in the facility's dining room with urine under his/her wheelchair. RN #9 stated the resident was a "heavy wetter." She stated she had not reviewed/ revised the resident's plan of care or implemented any interventions to address this problem.</p>	F 280	<p>4. The Quality Assurance Nurse, Director of Nursing, Regional Nurse Consultant, or Regional Clinical Reimbursement Specialist will review 5 MDS assessments X 2 weeks then 3 assessments X 2 weeks then 10 assessments per quarter thereafter to ensure assessments accurately reflect the residents status beginning 5/1/15. The above audits will be brought to the monthly Quality Assurance Meeting in which analysis with the tracking and trending will be reviewed by the committee members in order to provide feedback, or evaluate for further need of education or intervention as well as need for further plans. The Team members consist of but not limited to The Administrator, Director of Nursing, Quality Assurance Nurse, Medical Director, Rehab Services Manager, Restorative Nurse Manager, Dietary Manager and Social Service Director.</p> <p>5. 6/9/15</p>	

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F 280	Continued From page 6 Interview with the Director of Nursing (DON) on 05/07/15 at 4:00 PM, revealed she had observed Resident #36 to have urine under his/her wheelchair on one occasion. Further interview with the DON revealed the resident's care plan had not been reviewed/revised related to the newly identified problem related to his/her incontinence and the urine odor on his/her wheelchair. The DON acknowledged preventive measures had not been implemented to ensure the resident was not observed in public areas of the facility with urine under his/her chair. She further stated the residents' care plans should be individualized related to areas of concern identified by facility staff. The DON stated the MDS/Care Plan Coordinator was responsible for assuring care plans contained interventions to meet the resident's needs. The MDS Coordinator was unavailable for interview.	F 280			