

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/13/2017
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NAME OF PROVIDER OR SUPPLIER DAYSTAR NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2001 CEDAR STREET CAIRO, IL 62914
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S9999 Final Observations S9999

Statement of Licensure Violations:

Annual Health Survey
Licensure Post Visit for survey of 3/03/2017
Validation Survey for Subpart U

- 300.610a)
- 300.1035 3)
- 300.1210b)
- 300.1210c)
- 300.1220b)3)
- 300.3240a)

Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.1035 Life-Sustaining Treatments

3) procedures for providing life-sustaining treatments available to residents at the facility

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		07/06/17

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S9999	<p>Continued From page 1</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p>	S9999		
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Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:

Based on interview and record review the facility failed to ensure Uniform Advanced Directive forms were correctly completed in accordance with each resident's code status as designated by the resident or legal representative. Staff did not perform cardio-pulmonary resuscitation (CPR) despite written physician's orders, and in accordance with R14's legal representative's requirements. R14 subsequently expired. This failure applies to one resident (R14) and has the potential to affect all 70 residents in the facility.

1. R14's resident face sheet documents R14 was 79 years old, admitted from an out of state nursing home on 1/21/16, and diagnoses included Cerebrovascular Disease, Hypertension, Alzheimer's Disease, Dysphasia Oropharyngeal Phase, Dementia with Behavioral Disturbance, Cognitive Deficits following Unspecified Cerebrovascular Disease, and Peripheral Vascular Diseases. This same document shows Z2 listed as the Emergency Contact/State Guardian. The address listed for Z2 was an out of state address.

R14's Minimum Data Set (MDS) dated 3/30/17, documents a Brief Interview for Mental Status (BIMS) score of 99, indicating R14 was unable to

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R14's "Uniform Do-Not-Resuscitate (DNR) Advanced Directive/Practitioner Orders For Life-Sustaining Treatment (POLST) Form," section A, has an "X" marked in the box beside "Do Not Attempt Resuscitation/DNR." The box beside the words "Attempt Resuscitation/CPR (Cardiopulmonary Resuscitation) is missing. Section D of this same form under "Documentation of Discussion (check all appropriate boxes below)" shows no boxes marked to denote the individual that signed the form. Also in Section D of this form, the words "Signature of Patient or Legal Representative" and "Signature (required)" are missing. In place of these words are the words "Public Guardian Administrator" with "Court Appointed Representative" directly underneath. Below that is the word "by:" with an illegible signature filled in beside it. Directly beside this shows "Name (print)" and "Date," and these sections are blank. Also in Section D of this form, the "Signature of Witness to Consent (witness required for a valid form)" sections are blank, with no printed name or date entered. Section E of the form is for "Signature of Attending Physician," in which Z1's (R14's Physician) name and phone number are typed in, with Z1's signature and date written is below that. The only date on the form is that of Z1's, and is noted to be 8/15/16.

R14's Nurse's Notes, dated 5/20/17 at 1645 (4:45 PM), written by E7, Licensed Practical Nurse (LPN), document the following "CNA (Certified Nurse Aide) notified this nurse that patient was not 'looking right' and taking deep breaths. This nurse listened for a heartbeat and tried to feel for a pulse. No heartbeat and no pulse for patient. No B/P (blood pressure) and patient was pale and

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past. Called nurse "[formal name of E10]" to verify no vital signs." Subsequent nurse's notes immediately followed from the same date of 5/20/17, and document Coroner was notified at 1650 (4:50 PM), Z2 (R14's Legal Representative) notified at 16:53 (4:53 PM), Z1 notified at 1700 (5:00 PM).

R14's Nursing home to Hospital Transfer dated 1/21/16 from the out of state nursing home shows a code status of "Cardiopulmonary Resuscitation." The Transfer/Discharge Report from the out of state nursing home also documents "Full Code" underneath the Advanced Directive section. This same document lists Z2 as the primary contact and lists an out of state guardianship agency address and phone number.

R14's Physicians orders for 4/1/17 - 4/30/17 and 5/1/17 - 5/31/17 each document "Full Code" under the Code Level section.

On 6/2/17 at 3:00 PM, E2 (DON) Director of Nursing stated R14's code status was DNR. E2 stated her expectation of staff in response to a resident not looking right and taking deep breaths, as R14's nurses note from 5/20/17 documents, would be to call 911, but it also depends on other variables and vital signs. E2 stated she was not on-call that day, and did not know why 911 was not called. E2 stated R14 had no changes physically or behavior changes that week prior. When questioned as to how staff know residents' code status, E2 replied "It's in the chart." E2 stated they know where to check for this; they look for the orange or blue paper. E2 further stated there is nothing in the resident rooms to indicate code status, and E2 doesn't know if R14's code status changed after admission.

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On 6/2/17 at 9:00 AM, Z2 stated R14 became a ward in 2012 when her finances were depleted and she needed care. Z2 explained that in his state, legally incompetent individuals are given a state appointed attorney. Z2 said he did not currently have her Advanced Directive form in front of him, but he does not recall R14 being a DNR, and that his state requires court proceedings to determine someone a DNR status based on medical evidence presented to the court. Z2 stated a guardian has to have notice to act, there is a hearing before the court for ruling, and medical evidence must be present for court to determine a DNR status. Z2 stated "decisions must go through the court," and "all I can tell you is there are no such court documents in our records. I see nothing in our records to document she was a DNR." Z2 further stated "Whatever she was at her previous placement was likely what the code status was" at her current residence. Z2 again clarified he is weighted by the state to make such decisions as his state has adopted the Supreme Court decision of Woods vs. The Commonwealth of [formal name of state], as well as the Teri Schiavo case.

On 6/5/17 at 3:30 PM, in reference to the Uniform Do-Not-Resuscitate (DNR) Advanced Directive/Practitioner Orders For Life-Sustaining Treatment (POLST) Form, Z2 stated "I can't find where we ever executed the form." Z2 said if he had signed one, he would have a copy in his file, and that he can't prove that he ever signed one. Z2 said if he had executed a DNR, he would have a medical report, and there would also be a motion for court. Z2 stated he shows no communication or transactions with the facility in that time frame in August 2016. When asked how the above stated forms are transmitted

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between the facility and his agency, Z2 stated they are mailed to him and he mails them back. Z2 also explained that in his state, if an individual is a full code, there is no documentation required. Signed documentation is only required for a DNR, so there may have been a time a few years ago that they may not have returned some of the full code forms, but the facility called and explained that in this state both CPR and DNR require signed forms, so they started sending them all back. In reference to R14's form, Z2 stated "The one in my file is blank."

On 6/2/17 at 3:20 PM, E15 (CNA) stated she was working Blue Wing on 5/20/17, caring for R14. E15 stated she went to do incontinence care and when she rolled her over to perform care, R14 let out a deep breath. E15 stated she called for the nurse immediately and E7 (LPN) came immediately. E15 stated that E7 also called for E10 (LPN), who was working on Green Wing. E15 stated she didn't know if the LPN's did vital signs. E15 stated "It was strange because she had just ate." E15 stated they normally don't start supper until 5:00 PM, but she was positive it was after dinner when this occurred. E15 stated that she didn't feed R14 that day, but another CNA fed her dinner and she "ate good", then E15 put R14 to bed with the assistance of another CNA. R14 seemed fine when they put her to bed. E15 said she can't say for sure what time she did incontinence care, but it was after supper, and they may start supper early but not before 4:30 or 4:45 PM. E15 stated R14's eyes were wide open, but she looked normal. E15 stated she didn't hear any discussion from nursing staff about calling 911. E15 stated "No" when asked if the nursing staff initiated CPR, and "I don't know" when asked if E15 knew R14's code status.

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On 6/6/17 at 1:27 PM, E7 (LPN) stated that she recalled E15 stepping out into the hallway to call for help on 5/20/17. E7 stated that E15 told her R14 was breathing funny. E7 stated she took vitals and felt for R14's pulse and there was no pulse. E7 said she even checked several different areas for pulse, like apical, radial, pedal, and femoral and there was nothing present, and her color was pale and pasty. E7 said she ran to the chart to check R14's code status and it was an orange paper and that means DNR, and the form was checked Do Not Resuscitate. E7 stated she recalls having someone page E10 (LPN) to verify vital signs. E7 stated E10 even did a sternum rub and checked R14's heart rate and pulse and there was nothing present. When asked if E7 knew R14's code status on the physicians order, E7 stated "her code status on the physicians order was DNR, I thought. I could have sworn." E7 stated that she is CPR certified. E7 stated that if R14 was a full code, E7 would have had one of the CNA's call 911 and she would have started CPR.

On 6/6/17 at 2:30 PM, E10 (LPN) stated she was CPR certified, and that on 5/20/17, she worked from 7:00 AM to 7:00 PM and was floating as her job assignment. E10 stated she did not see R14 in any distress while on her shift prior to being called to R14's room. E7 recalled E15 was providing incontinence care for R14, and E15 said she rolled R14 back over, R14 took a deep breath, breathed in and then out, and that was it. E10 stated E7 responded initially, then E10 was paged over the intercom to respond. E10 said she took carotid, apical, and brachial pulses, took blood pressure on both arms, checked heart rate, pulse oximeter, and there was nothing. E10 said R14's eyes/pupils were fixed and her mouth was wide open. E10 said that E7 had checked the

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code status and said R14 was a DNR, and that if R14 was a full code E10 would have started CPR and had a CNA call 911. E10 stated she would check the Advanced Directive Form as well as the physicians order, but staff are told to go by the Advanced Directive form because that form is supposed to be the most updated.

On 6/5/17 at 12:00 PM E1 (Administrator) stated that a resident is always a full code unless or until a DNR is signed by a physician. E1 stated usually Social Services would know if a code status changes. With regard to the missing sections of R14's "Uniform Do-Not-Resuscitate (DNR) Advanced Directive/Practitioner Orders For Life-Sustaining Treatment (POLST) Form," E1 stated she wasn't sure why those sections/words were missing, and that maybe R14's state guardian faxed it back to them that way. When asked if R14's original signed form could be located for review, E1 stated she would have to go look for it. E1 said she was unsure if R14 went out to the hospital during her stay. When asked if the facility has a process of checking the Uniform Advanced Directive forms for correctness, E1 stated she likes to have them checked about every 3 months, but there's no formal process. When requesting a time to speak with the facility's Social Services Director (SSD), E1 stated that she received a text message today from the SSD giving her notice that she wouldn't be returning to work.

On 6/5/17 at 3:00 PM, E1 stated that Advanced Directives are not typically part of the resident's care plan.

On 6/7/17 at 11:18 AM, Z1 (R14's Physician) recalled R14 as his patient and resident of the facility. Z1 was asked if he recalled R14's code

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status changing after admission on 1/21/16, and he stated that he had talked to E2 (DON) and she said they had discussed R14's declining health and possible stroke-like activity, therefore they talked with the state guardian and it was decided to change her code status to DNR. Z1 was asked if the physician's orders should match the advanced directive, and he stated "It should." Z1 verified that could be done through telephone order or written orders for the change. When asked if Z1 ever recalled providing medical evidence for a rationale to change R14's code status to a DNR to Z2 or for a court proceeding, Z1 stated "No."

On 6/5/17 at 1:55 PM, E5 stated that orange forms are for DNR's and blue forms are for CPR.

2. R26's DNR/POLST form dated 5/31/17 was noted to be on blue paper with the box selected for DNR. A 5/30/17 Physicians Order sheet documented a written order to change her code status to DNR. On 6/6/17 at 3:14 PM, E6 was asked to verify the color of R26's form, to which she replied "blue." E6 further stated when she checks the Advanced Directive forms, she looks to see which box is checked. When asked if E6 knew why this form was blue, she stated "I don't know." E5 signed the form as a witness.

3. R20's Uniform Advanced Directive form dated 4/25/17 was noted to be on orange paper with the box selected for DNR. The May 2017 and June 2017 physician's orders documented a code level of "Full Code." R20's admission Physician's Order sheet dated 4/21/17 - 4/30/17 shows an "X" written in beside "Full Code." On 6/6/17 at 4:15 PM E6 was asked if she knew why R20's Uniform Advanced Directive form didn't match the Physician's Order sheets. E6 stated E20, PTA

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S9999	<p>Continued From page 10</p> <p>(Physical Therapy Assistant) did her form and it's possible she admitted as a full code on 4/21/17, then changed and elected a DNR on 4/25/17 on the Advanced Directive form. When asked why the Physician's Order sheet wasn't changed, E6 stated it wouldn't change unless the doctor writes a change order. E6 was asked how the doctor knows to write a change order, and she replied "He signs the Advanced Directive form." E6 further clarified a nurse would tell the doctor to write the order or a telephone order could be written. At this same time, E6 was working on an Advanced Directive form for a new admission and stated we fill them out on white paper like this, and then the office puts them on the blue or orange paper. The blue and orange papers in the charts are copies and the originals are kept in the office. On 6/6/17 at 4:42 PM, when asked if the Social Services Director would let the nurses know if a resident's Advanced Directives changed, E6 stated "I don't know the answer." E20 signed the form as a witness.</p> <p>4. R38's "Uniform Do-Not-Resuscitate (DNR) Advanced Directive/Practitioner Orders For Life-Sustaining Treatment (POLST) Form" was noted to be blue with the box beside Attempt Resuscitation/CPR marked with an "X." The form is signed by Z4 (family) and dated 1/22/17. E24 (former LPN) signed as Witness with a date of 1/22/17. Under Section E "Signature of Attending Physician," Z1's name is printed and phone number written in, however the Attending Physician Signature and Date sections are blank. R38's Physician's Order sheet dated 5/31/17 shows "Admission Form," and underneath that an "X" is written in beside "Readmit." Further, an "X" is written in beside "Do Not Resuscitate," and denotes R38 has a Power of Attorney. On 6/7/17 at 2:15 PM, Z4 stated that R38 went to the</p>	S9999	

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hospital on 5/30/17 over Memorial Day weekend. When questioned if Z4 recalled what she selected on R38's Advanced Directive Form, Z4 confirmed choosing Attempt Resuscitation/CPR. Z4 further stated that while she has thought about changing it, she "hadn't ever talked to anybody about the DNR" and that she hadn't discussed changing R38's code status to a DNR upon her return from the hospital with anyone at the facility. When asked if the 5/31/17 Physician's Order marked with an "X" for DNR would be an error then, Z4 stated "Yes, that would be an error." In reference to Section B having nothing selected on the Advanced Directive form, Z4 stated "No one talked about that box to me."

5. R27's Uniform Advanced Directive form was noted to be blue, and documents a date of 4/8/17. The box beside Attempt Resuscitation/CPR is marked with an "X," and the box beside Do Not Attempt Resuscitation/DNR was also marked with an "X," then scratched out, and "ERROR" and "FULL CODE" written in beside that with initials. E5 signed the form as a witness.

6. R28's Uniform Advanced Directive form was noted to be blue, and documents a physician signature and date of 5/5/16. The box beside Attempt Resuscitation/CPR is marked with an "X." The Signature of Patient or Legal Representative signature is blank, but Z2's name is printed in, and the date is blank as well. E21 (former LPN) witnessed the document, but did not date the form.

7. R19's Uniform Advanced Directive form was noted to be blue and documents a date of 6/10/15. The box beside Attempt Resuscitation/CPR is selected. R19's Physician orders for February 2017 and June 2017

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S9999	<p>Continued From page 12</p> <p>document a code level of "Do Not Resuscitate." E22, former SSD (Social Services Director) signed the form as a witness.</p> <p>8. R11's Uniform Advanced Directive form was noted to be blue and documents a date of 9/13/16. The box beside Attempt Resuscitation/CPR is selected. R11's Physician orders for June 2017 document a code level of "Do Not Resuscitate." E23, another former SSD (Social Services Director) signed the form as a witness.</p> <p>9. R29's Uniform Advanced Directive form was noted to be orange and documents a date of 8/31/16. The box beside Do Not Attempt Resuscitation/DNR is selected. The date of physician signature is blank. R29's Physician orders for May 2017 and June 2017 document a code level of "Full Code." E22 signed the form as a witness.</p> <p>10. R30's Uniform Advanced Directive form was noted to be orange and documents a date of 2/10/17. The box beside Do Not Attempt Resuscitation/DNR is selected. The date of physician signature is blank. R30's Physician orders for March 2017, April 2017, and June 2017 document a code level of "Full Code." E5 signed the form as a witness.</p> <p>11. R17's Uniform Advanced Directive form was noted to be orange and documents a witness date of 3/3/17. E5 signed the form as a witness. The box beside Do Not Attempt Resuscitation/DNR is selected. The date of physician signature is blank. The Signature of Patient or Legal Representative has an "X" written in, and there is no printed name or date written in that section. R17's Physician orders for</p>	S9999		
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S9999	<p>Continued From page 13</p> <p>June 2017 document a code level of "Full Code."</p> <p>12. R23's medical record did not include a state Uniform Advanced Directive form, but instead had a white paper with the facility letterhead at the top, with "PLEASE RESUSCITATE" documented. The form goes on to state "I, [formal first and last name of R23 written in], representing the family of [formal first and last name of R23 written in] acknowledge I have been informed of the Resuscitating Procedures and request they be made available to [formal first and last name of R23 written in]. This will include cardiac resuscitation, respiratory support, and transfer to an Acute Care Facility. This document may be forfeited at any time upon the residents or Responsible Parties request. Under these statements are spaces designated for the following: Resident Name, two Witness spaces, Date, and Physician Signature. Above "Resident Name," an "X" is written in with "Mark of [formal name of R23] witness [formal name of E25 (former Registered Nurse)]." The space to write in the date of the form is blank. The following residents had this same white form included in their medical records as opposed to the state Uniform Advanced Directive form with corresponding dates: R31 (form dated 11/8/12), R1 (form dated 12/29/11 and witnessed by E17 (LPN) and E28, (former RN), form dated 2/18/14, and R33 form dated 12/4/14 and witnessed by E26, (former LPN). R34 had this same white form dated 8/10/14 and witnessed by E17 & E24 (LPN), but in addition had a purple form titled "Outside the Hospital Do-Not-Resuscitate" order from an out of state facility/agency dated 10/1/16.</p> <p>13. R6's Uniform Advanced Directive form was noted to be orange and documents a date of 9/29/16. The box beside Do Not Attempt</p>	S9999		
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Resuscitation/DNR is selected. The date of physician signature section is blank. E22 signed the form as a Witness. R6's Physician orders for January 2017 and May 2017 under "Code Level" is blank.

14. On 6/6/17 at 2:30 PM, R35 and R36's medical records were noted to have no Advanced Directive forms present in the chart. Both R35 and R36's June 2017 Physicians Order sheets document "Full Code" under the Code Level. At 4:03 PM R37's medical record was noted to have no Advanced Directive form present in the chart. At this same time, E6 verified no Advanced Directive form could be located in R37's chart. R37's initial Physician's Orders handwritten on 5/12/17 show "Full Code" selected and the June 2017 orders also document a Code Level of "Full Code."

15. The Policy and Procedure for Code Status Designation with issue date of 7/28/15 states "Purpose: A code status will be identified and supported by a physician's order to facilitate providing emergency care and services to attain and maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive care plan." The procedures state: 1. Upon admission, the Social Worker, or designee, will review the resident Advanced Directive and initiate action to secure a code status order. 2. The code status order will be signed by a physician. 3. Each facility will have a method for identifying resident code status. 4. If a resident is a full code and stops breathing and/or does not have a pulse, the first qualified staff member on the scene will activate the Emergency Response Protocol.

The Policy and Procedure for Advanced

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S9999 Directives with issue date of 7/28/15 states "Purpose: To identify a code status consistent with resident wishes to facilitate providing emergency care and services to attain and maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive plan of care." Under "Procedure," 1. a. states "To be legally binding, the advanced directive must be signed by the residents or legal guardian as recognized by the stated." 2. "During the admission process, the Admission Coordinator or Social Service staff, or designee, will be responsible for educating and providing written material for the resident and/or responsible party regarding Advanced Directives and the facility policy." 3. "The Do Not Resuscitate (DNR) code status order will be supported by a signed physician's orders even in the presence of an advanced directive, living will or power of attorney document." 5. "Each facility is responsible for implementing a method for identifying residents who have elected a Do Not Resuscitate (DNR) status and order." 7. "The facility staff will provide information and handle the finalized document but will not participate in the decision making process or act as a witness." 8. "Advanced Directives should be reviewed and updated as the resident indicates with the annual MDS.

(A)

300.610a)
300.1210b)
300.3240a)

Section 300.610 Resident Care Policies

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a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.1210 General Requirements for Nursing and Personal Care

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:

Based on interview and record review the facility

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failed to ensure that residents were free from staff to resident sexual and mental abuse for 3 of 4 residents (R2, R13, R39) reviewed for abuse in the sample of 15. These failures resulted in psychosocial and/or physical harm for R2, R13 and R39 regarding them being fearful to say no to the sexual advances of the male employee, performing sexual acts despite not "being comfortable doing it" and experiencing pain with sexual penetration.

Findings include:

1. On 5/31/2017 at 10:15 am, during the Group interview, while addressing the topic of resident mistreatment by staff, R13 asked if "touching" counted. Surveyor offered to talk with R13 privately after the interview and R13 accepted. On this same date at 11:00 am, R13 stated to the surveyor, "That guy, E32, touches me, he is the one who helps me get dressed. He likes to look at me. He asks me to "jiggle" my breasts for him and that he has asked her to "kiss his personal parts". R13 stated, " He said to me this morning, 'I want you to suck my dxxx'." R13 went on to say that she "obliged" E32, and that it "didn't taste great, it was yucky." R13 stated that this happened in the bathroom around 5:00 or 5:30 on 5/31/2017. R13 further stated that "If I don't want to do it E32 just says okay." R13 stated that E32 did not force her to do it, that she didn't think he would do anything like that." R13 further stated, "I guess I was afraid to say no this morning. He didn't force me to do it, I don't think he would do anything like that." When asked by surveyor if E32 had said or done anything to make her feel afraid she said, "No." R13 described E32 as "colored and has no hair" and that she thought he had been fired. This statement was then reported

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S9999	<p>Continued From page 18</p> <p>immediately to E1 (Administrator).</p> <p>A document printed on the facility letterhead, dated 5/31/2017 and titled "Statement from R13 (resident name) Regarding Sexual Abuse Allegation" states that R13 was interviewed by E1, E2, (Director of Nursing) and includes R13's comments to Surveyor, and that R13 reported to E1 that this has happened 3 times this month, with one time being this morning. The document further states that it was explained to R13 that E32 no longer works here, and R13 said "I know, he was fired." The following comments were also documented on this form: R13 (resident name) denied pain, discomfort, bleeding, that R13 felt embarrassed, and that the local police had been notified at 1:20 pm.</p> <p>On 6/1/2017 at 5:00 pm, E1 stated that R13 had been interviewed again and that her statement now includes an allegation of anal sex and that R13 has agreed to get a rape screen. E1 stated that R13 again reported that it was E32. E1 added that there is only one other male CNA here, E31.</p> <p>An Emergency Department from an area hospital documents that on 6/1/2017 at 18:45 (6:45 PM), R13 stated, "I am here for rape, he touched me on my breasts and put his thing in me down there." R13 reported that it happened 3 days ago. R13 also stated, "E31 (resident name) touched her and put his thing down there." This same record documents that that no bodily evidence was collected. Patient stated alleged incident occurred in February and March, and possibly 3 days ago. Patient stated she has showered and changed clothes several times since alleged incident. A report of a Physical Exam on this same document states the examination of</p>	S9999		
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head/face is negative for obvious evidence of injury or deformity, that rectal exam and pelvic exams are negative. Documentation on this same report under History and Physical Exam states "Event occurred last month in April and March. Assailant was unkown to patient. Patient reports being penetrated vaginally. Pentrated by penis,. The reports were reported not to be consensual. The patient reports resisting the assailant....."

On 6/6/17 at 2:30 pm, E1 stated that when R13 was in the Emergency Department she reported E31, not E32, as the assailant.

An interview on 6/8/2017, at 9:21 am with Z5, (local police officer), R13's statements included the following..."I was checked to see if I was raped and I was. His name is (gave first name only) E32 and identified him as an employee of the facility. I was sitting on the toilet in the bathroom and comes in and put his personal parts down me and looked at these (pointed to breasts) When asked by Z5 if E32 penetrated her vaginally R13 said "He sure did he ;and he pressed hard and it hurt. So I was the victim and he was the doer. When asked if E32 tried to force her, R13 responded .No, he just tried to rape. Before this happened he said "Suck my dxxx." R13 was again asked if R13 was forced, and R13 responded He forced himself. He put his dxxx in my pxxxx and tried to touch my boobs and said jiggle them for him and thats wrong. When asked if E32 ejaculated, R13 said ,"No, he said, use your lips not your teeth." R13 further stated that this occurred in the bathroom of her room and that no one else was present. R13 stated that the first time this happened was about a month ago and the last time a couple of days ago. At this point R13 stated she was not comfortable and doesn't like to think about it." R13 was noted to

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self- propel herself into E1's office for the interview.. She was polite and cooperative. R13's speech is slow and halting, but able to be understood.

R13's MDS (Minimum Data Set) dated 4/17/2017 documents that R13 scored 12 on a BIMS (Brief Interview for Mental Status) which indicates that R13's cognition is moderately impaired (the range identified for moderately impaired is 8-12) and states R13's date of birth is 3/20/1963. This same document indicates that R13 requires extensive assistance of one staff member for the activities of transfers and dressing and that R13 relies on a wheelchair for a mobility device. R13's current Care Plan lists R13's diagnoses as Muscle Weakness, Ataxia, unspecified intellectual disabilities. Focus Areas on this same Care Plan include: "R13 has MR (mental retardation) and epilepsy-R13 is able to voice needs and has fair decision-making ability, and also, R13 has chronic muscle weakness and uses wheelchair which she is able to self-propel, assist as needed."

2. On 6/8/2017 at 10:10AM, R2 was interviewed by Z5 in E1's office with E1, and E2 also present. R2 stated "That was back when I was taking Seroquel. I was groggy. E31 came into my room. He came in through the bathroom from (adjoining) room." I was in a room by myself. E31 comes and says I got half a pack of cigarettes if you want to fool around. I said what do you mean? E31 said straight sex or oral sex. It was about 2 or 3 in the morning. He asked me to have sex for cigarettes. I refused, he didn't get mad or anything he just left. It only happened one time about 2 to 3 months ago." R2's MDS documents that R2's BIMS score is 15 which indicates R2 is cognitively intact and date of birth

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is 7/22/1961 and diagnoses include Anemia, Chronic Obstructive Pulmonary Disease, Chronic Pain, Bi-polar Disorder, Psychosis, Anxiety.

3. On 6/8/2017 at 9:47 am, R39 was interviewed by Z5, and R39's interview included the following comments,..."I didn't want to do it what E31 asked but I am heavily medicated and I just went along with it." R39 further stated that E31 would come into her room through her neighbor's bathroom. His name is (stated name of E31,) He is a black guy, I'm guessing about 6 feet, not fat but heavier. E34, that works in the kitchen is his fiancée, I wasn't comfortable with the whole situation. He started fooling around and I just gave in and did it. He didn't force me to do it, but I didn't agree to it. I just wasn't comfortable with it. The first time it happened was about 3-4 months ago. The last time it happened was about 2 weeks before he moved to Blue Wing. During this interview, R39 reported vaginal penetration occurred with E31, and this happened about 8 times. R39 reported having oral sex with E31 and stated, "he just told me to do it." R39's MDS dated 4/24/2017 documents that R39's BIMS score is 11, indicating R39's cognition is moderately impaired (the range identified for moderately impaired is 8-12) and date of birth is 2/4/1985. R39's Physician's Order Sheet for June, 2017 includes diagnoses of Anoxic Brain Damage, Diabetes Mellitus, End Stage Renal Disease, Hypertension.

A hand-written statement dated 6/9/2017, and signed by E33, LPN (Licensed Practical Nurse) states that E33 was approached in the bathroom off of Green Wing. E33 stated that she was walking out of bathroom door and E31 was standing in closed area waiting and attempted to kiss me, I then pushed him away and explained

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S9999	<p>Continued From page 22</p> <p>that there was no chance of any kind of relationship other than co-workers ever going to take place. E31 apologized, and stated he must have mis-read things. No further problems occurred past this. This occurred approximately 2-3 months ago.</p> <p>A document dated 6/7/2017, printed on the facility letterhead, and titled Statement from E31, includes along with other statements, E31's responses to questions from E1 and E13 (Regional Director). E31 was asked if he had ever had sexual relationships, that being oral, vaginal, or anal with any residents here at the (facility). E31 stated, "No." Did you ever proposition anyone? "Not to my knowledge." Have you had any sexual interactions with any residents? "No." There were no questions documented, preceeding E31's comments of, "Why would I want a resident when there are plenty of co-workers?" and "How can a man make you suck his penis? Did the resident scream?" With regard to R13, E31 was then asked what is her morning routine and what do you have to do for her? E31's reply states that between 4:30 and 5:30 am R13 will take herself to the bathroom and put on her call light. When I get in there she will already be on the toilet. I will get her a wet rag for her to wash all areas excluding her back which I wash for her. I put on her panties, pants, socks and shoes. I will pull her pants and panties up past her knees and she will pull them up the rest of the way and transfer herself. She can put on her own bra, just need to fasten it for her. E31 further stated, "About 3 months ago, I remember walking into R13's bathroom and she was sitting on the toilet listening to her music and jiggling her breast and giggling. This interview was signed by E1 and E13, but not E31. On 6/9/2017 at 3:00 pm, when</p>	S9999		
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S9999	<p>Continued From page 23</p> <p>asked why E31 did not sign, E13 stated that E31 has not been back into the facility since the interview was typed in order to sign the typed statement. E13 stated further that E31 was "going to write a statement and bring it to us." E13 went on to say that E31 was very accomodating and did not appear evasive and said he would do anything he needed to. When asked about E31's response of "not that that I know of " to the question, Have you ever propositioned anyone ? E13 stated that E31's comments documented during the interview were only highlights of what he said and that if "we took down everthing he said we woud have needed a tape recorder." E13 also confirmed at this time that E31 is suspended until the the investigation is done but we have pretty much decided that we are going to terminate his employment.</p> <p>The facility's Policy and Procedure, "Prevention of Resident Abuse, Neglect, Mistreatment or Exploitation", dated 10/31/2016, states: "Each resident has the right to be free from abuse, corporal punishment and involuntary seclusion ,and the facility's responsibilities to prevent not only abuse, but also those practices and omissions, neglect and misappropriation of property, that if left unchecked, lead to abuse. Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff or other agenecies serving the individual, family members or legal guardians, friends or, other individuals. This same documents includes the following definition: "Sexual Abuse" incudes, but is not limited to, sexual harassment, sexual coercion, or sexual assault."</p> <p>On 6/10/2017 at 11:00 am, Z5 stated that his investigation is still ongoing and as of this date</p>	S9999		
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and time he anticipates that the investigation will be taken to the State's Attorney.

On 6/13/2017 at 3:20 pm, E1 stated that E31 has not returned to the facility to deliver his written statement. E1 stated that hearsay is that E31 is now working in a nursing home in Kentucky.

(B)

Licensure Finding to Validation Survey for Subpart U

Section 300.7040 Activities

- a) The unit's activity program shall use ability-centered care programming.
- b) Families shall have access to activity supplies and materials and shall be welcome and encouraged to participate.
- c) Units with a census of more than 40 residents shall have a full-time activity professional who meets the requirements of Section 300.1410(c). Units with a census of 40 or fewer residents shall have an activity professional on duty at least 20 hours per week. This individual shall be responsible for providing activities and training staff in an ability-centered programming approach.
- d) Activity programming shall be planned

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and provided throughout the day and evening, at least 7 days a week for an average of 8 hours per day.

e) Activities shall be adapted, as needed, to provide for maximum participation by individual residents. If a particular resident does not participate in at least an average of 4 activities per day over a one-week period, the unit director shall evaluate the resident's participation and have the available activities modified and/or consult with the interdisciplinary team.

(Source: Added at 28 Ill. Reg. 14623, effective October 20, 2004)

THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:

Based on interview, observation and record review on the facility failed to provide, evaluate and adapt activities for 3 of 5 residents (R5, R6, R10) reviewed for activities in a sample of 15 on the Alzheimer's Special Care Unit.

The findings include:

During observations made at 9:20 AM during initial tour on May 30, 2017 several residents were observed in the sitting area on the Garden unit. Some were watching Television, some were watching the nurses station and hallway. No staff were in the TV viewing area or the dining room conducting any activities. On May 30, 2017 at 11:00 AM, several residents were in the sitting room on the Garden Unit sitting in front of the TV. Some were watching TV, some were watching the nurses station and hallway. R5 was pacing up and down the hallway. No staff were conducting

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S9999	<p>Continued From page 26</p> <p>any activities. At 12:15 PM on the same day, R5 and R10 were sitting at a dining room table with nothing in front of them, no communication, looking around. During additional observations made on May 30, 2017 at 2:00 and 3:00 PM, there were no activities in the dining room area, the TV was on in the setting area with several residents sitting in the area. Some of these resident's were watching TV, some sleeping, and others looking out into the hallway. R5 was pacing up and down the hallway, R6 and R10 were in bed.</p> <p>On May 31, 2017 at 10:00 AM, several residents were sitting in the setting room in front of the TV. At that time there were no staff in the dining room or sitting room and R5 was pacing in the hallway. At 11:30 AM, Residents were sitting in the Dining room at bare tables, with no activities being provided.</p> <p>On June 1, 2017 at 12:00 E1, Administrator stated "No one told us E27, Activity Aide called off, so we didn't know no one was back there. Normally we have someone assigned back there."</p> <p>On June 2, 2017 at 3:20 PM, E16, Activity Aide, reported the residents are involved in the Activities listed on the Activity Calendar for Garden as well as independent activities listed on the Independent Activity monthly list, and states "Each resident has an Activity Calendar and Independent Activity list for each month and there is a checkmark placed on both according to which activity each resident is attending. It is marked even if they only participate in 10 to 15 minutes cause at least they did something. The length of time the residents are involved in activities is not recorded anywhere."</p>
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1. According to an Admission Record dated August 8, 2016 R5 is 74 years old and has the following diagnosis: Psychotic disorder; Neurocognitive disorder; and Alzheimer's with Dementia.

The Quarterly MDS dated September 8, 2016 lists number 3 as the code under C1000 Cognitive Skills for Daily Decision Making indicating R5 is Severely Impaired never/rarely made decisions.

The initial Minimum Data Sets (MDS) assessment dated September 8, 2016, R5 had Activities checked as a care area triggered and a care planning decision was checked to indicating the area was addressed in R6's care plan. On this same MDS, F500 is scored as a 9 indicating the Daily and Activity Preference Primary Respondent an interview could not be completed by resident or family/significant other, and F700 is scored as 1 indicating staff assessment of daily and activity preferences was conducted and the following was checked for R5, Receiving shower, snacks between meals, staying up past 8:00 PM, listening to music, and participating in favorite activities.

Upon review of the Care Plan with a date initiated as 9/21/2016, a focus area was listed as "The resident has potential to be physically and verbally aggressive... and an intervention as "He likes to 'tinker' with various objects at nurses station and on the walls, move dining tables and chairs. Intervene if he is unsafe, causing damage. Provide a tinker box for him to mess with." Another focus area on the same Care Plan states "The resident is an elopement risk/wanderer as evidenced by going to exit door and attempting to

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open doors..." and interventions listed as "Distract resident from wandering by offering pleasant diversions, structured activities, food conversation, television, book. Try coloring books, ramble box" and "Provide structured activities: toileting, walking inside and outside, reorientation strategies including signs, pictures and memory boxes." Another Focus area of "The resident has impaired cognitive function/dementia or impaired thought processes related to Alzheimers, Dementia" with interventions of "Engage the resident in simple, structured activities that avoid overly demanding tasks. The resident prefers ___" and nothing is listed. Another intervention under this same focus area states "Provide a program of activities that accommodate the resident's abilities ___" and nothing is listed. No other Care Plan focus areas or interventions regarding activities were included on R5's Care Plan and during this survey during multiple observations no memory, tinker, or ramble boxes were made available for R5's use.

R5's May, 2017 Activity Calendar for the Garden Unit lists the following activities for May 30, 2017: 10:00 AM Game Center; 11:00 AM Friendly Visit; 1:00 PM Color with me; 2:00 Social Hour; and 3:00 PM Snack Time. The Independent Activity list contains a list of 19 different activities that include TV, reading, outside, outings, word puzzles, cards, games, radio, socializing, needlework, helping hands, beauty shop, barber, manicures, phone, friendly visits, family visits, family outings, and visitors. R5 has Snack Time checked on the Activity Calendar and nothing checked on the independent activity form.

On June 2, 2017 at 3:20 PM, E16 reported "(Formal name of R5) doesn't participate in much, he just usually paces the hallway."

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S9999	<p>Continued From page 29</p> <p>The Activity Progress notes are as follows: December 5, 2016 labeled as Quarterly "(R5) does not participate in daily activities. He walks up and down the hallway and likes to look out the window. He will sit in a recliner and watch TV for a while. (R5) does enjoy eating snack foods when offered. Activities will assist as needed and activities will be offered daily to him." Another note dated February 27, 2017 labeled Quarterly "There has been no significant change in (R5)'s daily activities. He continues to walk up and down the hallway. Activities will keep assisting as needed." and a final note dated May 22, 2017 labeled Quarterly "(R5) walks the hallways daily. Occasionally sits down in TV room. Has to be redirected often. Does enjoy snacking."</p> <p>No documentation was provided to determine activities were modified and/or consulted with the interdisciplinary team regarding activities.</p> <p>2. According to the Admission Record record R6 is 77 years old, admitted on September 29, 2016 with diagnosis of Generalized Muscle Weakness, History of Falls, Altered Mental Status, Difficulty with Behaviors. R6's Care Plan with an admission date of September 29, 2016 lists the following additional diagnosis: Unspecified Fracture of Upper End of Unspecified Radius; Unsteadiness on feet; Abnormal Posture; and Cognitive communication Deficit.</p> <p>On R6's MDS dated October 6, 2016, F600 is scored as a 9 indicating the Daily and Activity Preference could not be completed by resident or family/significant other, and F700 is scored as 1 indicating staff assessment of daily and activity preferences was conducted. The following was checked for R6, choosing clothes to wear,</p>	S9999		
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S9999	<p>Continued From page 30</p> <p>receiving shower, snacks between meals, staying up past 8:00 PM, family or significant other involvement in care discussions use of phone in private, reading books newspapers, or magazines, listening to music, being around animals such as pets, keeping up with the news, doing things with groups of people, participating in favorite activities, spending time outdoors, and participating in religious activities or practices.</p> <p>R6's Care plan with an initiated date of February 17, 2017 lists a focus area of "The resident has impaired cognitive function/dementia or impaired thought processed related to Dementia, impaired decision making, Long term memory loss, and two activity interventions listed as "Engage the resident in simple, structured activities that avoid overly demanding tasks." and "Provide a program of activities that accommodates the resident's abilities." Nothing is listed regarding the resident's abilities or activities the resident likes.</p> <p>R6's May, 2017 Activity Calendar for the Garden Unit lists the following activities for May 30, 2017: 10:00 AM Game Center; 11:00 AM Friendly Visit; 1:00 PM Color with me; 2:00 Social Hour: and 3:00 PM Snack Time. The Independent Activity list contains a list of 19 different activities that include TV, reading, outside, outings, word puzzles, cards, games, radio, socializing, needlework, helping hands, beauty shop, barber, manicures, phone, friendly visits, family visits, family outings, and visitors. R6 has Friendly Visits, social hour, and snack time checked indicating R6 participated in those activities and nothing checked on the Independent Activity Form.</p> <p>On May 30, 2017 at 2:00 PM R6 states, "My legs are so painful I don't do much. I like to walk but I</p>	S9999		
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can't with my legs hurting this much. There are very little staff here to do much of anything."

On June 2, 2017 at 3:20 PM, E16 reported "(Formal name of R6) participates in activities when she is reminded."

R6's last Activity Progress note is dated May 15, 2017 and labeled as quarterly and states "(R6) is alert with confusion. As far activities, sets with others on unit, attends special events in larger dining area. Resident appears to be satisfied with daily routine."

No documentation was provided to determine activities were modified and/or consulted with the interdisciplinary team regarding activities.

3. According to the Admission Record record R10 is 86 years old, admitted on June 2, 2016 with diagnosis of Pneumonia, Acute Respiratory Failure, Muscle Weakness, Alzheimer's; Difficulty walking; Heart Failure; Dementia with Behavioral disturbance; Anxiety Disorder and Dysphasia, oral.

On R10's quarterly MDS dated February 28, 2017, C1000 is scored as a 2 indicating staff scored R10's Cognitive skills for Daily Decision Making as Moderately impaired - decisions poor; cues/supervision required, and F600 is scored as a 1 indicating the Daily and Activity Preference were completed by R10 and listed activities as follows: Very important - Listen to music, Somewhat important - having books, newspapers and magazines to read, being around animals such as pets, keeping up with the news, doing things with groups of people, doing favorite activities, go outside and get fresh air when the weather is good and participate in religious

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S9999	<p>Continued From page 32</p> <p>services or practices.</p> <p>R10's Care plan with an initiated date of June 22, 2016 lists a focus area of "The resident has a behavior problem of yelling out, repetitive verbalizations, related to dementia" and an intervention of "Provide a program of activities that is of interest and accommodates residents status." Another focus area of "The resident has impaired cognitive function/dementia or impaired thought processed related to Dementia, Long term memory loss, Short term memory loss with a single intervention listed as "Provide a program of activities that accommodates the resident's abilities, he likes music especially classic country."</p> <p>R10's May, 2017 Activity Calendar for the Garden Unit lists the following activities for May 30, 2017: 10:00 AM Game Center; 11:00 AM Friendly Visit; 1:00 PM Color with me; 2:00 Social Hour: and 3:00 PM Snack Time. The Independent Activity list contains a list of 19 different activities that include TV, reading, outside, outings, word puzzles, cards, games, radio, socializing, needlework, helping hands, beauty shop, barber, manicures, phone, friendly visits, family visits, family outings, and visitors. R10 has Friendly Visit and Snack Time checked on the Activity Calendar and nothing checked on the Independent Activity form.</p> <p>On June 2, 2017 at 3:20 PM, E16 reported "(Formal name of R10) doesn't participate in much either, he is in his room in bed a lot. He doesn't like too many activities."</p> <p>R10's Activity Progress Notes state: "September 6, 2016 (R10) is alert, responsive. He was removed off unit due to to non participation in</p>	S9999	

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activities. Prefers to stay in room. Continues to be agitated and combative with staff. Activities will assist as needed." November 28, 2016 states, "(R10) has been moved back to the unit due to getting the doors open down the other halls and trying to get out. (R10) is doing better back in the unit. He watches TV with others and will interact with other residents too. He still doesn't participate much with other activities. Activities will be offered every day and will assist as needed." February 27, 2017 labeled Quarterly "(R10) has had no significant change since last charted. He still participates very little in activities. He enjoys watching TV and singing when he feels up to it. He is pleasant and friendly towards staff and other residents. Activities will keep assisting as needed." And a final note dated May 22, 2017 labeled as Annual "(R10) is alert with confusion." A form entitled "Assessment Updates" was found and the Assessment and Activity Plan Reviewed - Information is Current was checked and Changes to Activity Plan was blank for the following dates: September 6, 2016, November 28, 2016 and February 27, 2017.

No documentation was provided to determine activities were modified and/or consulted with the interdisciplinary team regarding activities.

(AW)