F 323 | 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 prevent accidents.

This REQUIREMENT is not met as evidenced by:
Intakes: TN00028611

Based on policy review, medical record review and interview, it was determined the facility failed to ensure that a resident that was at risk for falls had interventions implemented after each fall for 2 of 8 (Resident #5 and 13) sampled residents.

The findings included:

1. Review of the facility’s “FALL MANAGEMENT” policy documented, “...it is a standard of practice to identify those residents that are at risk for falling and provide prompt intervention to decrease the number of occurrences...”


This Plan of Correction is submitted as required under State and Federal Law. The submission of this plan does not constitute an admission on the part of Pleasant View Health Care Center “Facility” as to accuracy of the findings nor does it constitute any of the deficiencies cited as correctly applied.

Any changes to Pleasant View Health Care Center Policies and Procedures should be considered to be subsequent remedial measures as that concept is employed in the Rule 407 of the Federal Rules of Evidence and any corresponding State Rule of any proceeding on that basis.

The Facility submits this plan of correction with the intention that it be admissible by any third party in any civil or criminal action against the facility or any employee, agent, officer, director or shareholder of the Facility

F323

No adverse effects were noted as a result of this deficient practice. All residents have the potential to be affected by this deficient practice.

An audit of resident #5’s chart was completed by the Interdisciplinary Team on 10/18/2011, a new fall risk assessment was completed by the Resident Assessment Coordinator on 10/18/2011 and resident’s care plan was updated on 10/18/2011 to reflect current interventions.

Resident #13 discharged from the facility on 8/2/2011
**F 323** Continued From page 1

Review of the care plans dated 8/10/10 and 8/15/11 documented:

a. No fall or intervention on 4/7/11  
"...7/15/11 check operability of alarm,..."  

b. "...9/5/11 chair alarm checked for operability..."  

c. "...9/19/11 Will assist to BR [bathroom] q [every] 2 [symbol for hour] & as needed. Chair alarm check for operability..."

Review of the nurse’s notes dated 9/5/11 documented the chair alarm was not working.

During an interview in the conference room on 10/4/11 at 3:45 PM, when asked about the fall on 4/7/11 and 9/5/11, the Director of Nursing (DON) confirmed the 4/7/11 fall was not documented and stated, "...but intervention may be chair/bed alarm, no date, I can’t say it is...on 9/5/11 they didn’t put a new intervention in place. I inserviced them...the battery wasn’t working. When asked what the policy/procedure is for ensuring the chair/bed alarm batteries are working, the DON stated, "...I don’t have one..."

3. Medical record review for Resident #13 documented an admission date of 5/18/10 and a readmission date of 8/30/10 with diagnoses of Parkinson’s Disease, Infection, Hypertension, Depression and Pain.  

Review of the care plan dated 9/13/10 documented the following:

<table>
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<tr>
<th>ID</th>
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**F 323**  
On 10/12/2011 the Director of Nursing (DON) in-serviced licensed nurses on the facility’s Fall Management Program. Licensed nurses will be in-serviced again on 10/26/2011 by the DON or designee regarding the facility’s Fall Management Program.

The medical records of residents with reported falls will be brought to the next Morning Quality Assurance Meeting where the fall will be reviewed by the facility’s Interdisciplinary Team. A new intervention will be put in place after each fall and addressed on the resident’s care plan.

This process will be monitored by the DON or designee on a weekly basis for four weeks, then monthly for two months and randomly thereafter.

All findings will then be reported to the facility’s Quality Assurance (QA) committee for review and further recommendations. The QA committee consists of the Administrator, Director of Nursing, Medical Director, Assistant Director of Nursing, Dietary Manager, Social Services Director and Activities Director.
<table>
<thead>
<tr>
<th>F 323</th>
<th>Continued From page 2</th>
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<tbody>
<tr>
<td>a. No fall or fall intervention documented on 11/6/10, 11/29/10, 12/17/10, 3/24/11 and 3/28/11.</td>
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<tr>
<td>b. &quot;...4/20/11 Fall [symbol for none] injury. Chair alarm intact at this time...&quot;</td>
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<tr>
<td>d. &quot;...5/27/11 Fall injury 5/27/11 operability of chair alarm checked. Chair alarm replaced...&quot;</td>
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<tr>
<td>e. &quot;...6/19/11 fall c [with] injury 6/19/11 Send to ER [emergency room]. Tx [treat] as ordered...&quot;</td>
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</table>

Resident #13 had multiple falls with no interventions and three consecutive falls on 4/20/11, 4/29/11 and 5/27/11 with the same intervention.