

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

PRINTED: 11/03/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505214</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/28/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>KINDRED NURSING AND REHABILITATION - ARDEN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>16357 AURORA AVENUE NORTH SEATTLE, WA 98133</b>	
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Kindred Nursing and Rehabilitation-Arden on 10/20, 10/21, 10/22, 10/23, 10/27, and 10/28/14. A sample of 29 residents was selected from a census of 71. The sample included 24 current residents, the records of five former and/or discharged residents.</p> <p>The survey was conducted by: Marilyn Ferguson-Wolf, M.A., R.D. Barbara Jackson, B.S.N, R.N. Sharon Stephens, B.S.N., R.N.</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging and Adult Services Administration Residential Care Facilities Region 2, Unit C 20425 72nd Avenue South, Suite 400 Kent, Washington 98032-2388</p> <p>Telephone: (253) 234-6000 Fax: (253) 395-5070</p> <p><i>Delores Reed</i> 11-3-2014 Residential Care Services Date</p>	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *JMH* TITLE *ED* (X6) DATE *11.20.14*

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 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to develop and/or revise comprehensive care plans for two of five sampled residents (Residents #113 and # 87) who's care plans were reviewed in Stage 2. Failure to develop comprehensive care plans placed residents at risk for receiving inappropriate and/or inadequate care to meet their individual needs.</p> <p>Findings include:  RESIDENT #113</p>	F 279	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F279 483.20(d) 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>As it pertains to residents involved:</p> <ul style="list-style-type: none"> <li>Resident #113: Care plan has been updated, hour of sleep monitoring was initiated and the MAR was updated.</li> <li>Resident #87: Resident Kardex and Care Plan have been updated.</li> </ul> <p>As it pertains to similar situations:</p> <ul style="list-style-type: none"> <li>An audit has been completed for residents on similar medications to verify that they have appropriate care planning and monitoring was in place.</li> <li>An audit has been completed to validate that resident with incontinence have appropriate care planning and Kardex/Care guide in place.</li> </ul> <p>Preventative Measures:</p> <ul style="list-style-type: none"> <li>Staff have been educated on care planning, when to implement sleep monitor and documentation on PRN medications.</li> <li>Facility will review the Kardex's with monthly recaps and will reprint them monthly to verify accuracy.</li> </ul> <p>On going monitoring:</p>	December 4, 2014

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F 279 Continued From page 2  
Resident #113 was admitted to the facility on [REDACTED] with multiple medical diagnoses which included anxiety disorder. According to a progress note dated [REDACTED] Resident #113 was alert, oriented and able to make her needs known.

According to physicians orders dated [REDACTED] she was prescribed a medication for anxiety and sleep. A review of Medication Administration Record (MAR), Resident #113 received the anti-anxiety medication, [REDACTED] and anti-depressant [REDACTED] for obsessive compulsive disorder daily. In addition, [REDACTED] for sleep was given on 10/17 and 10/19/14.

In an interview on 10/23/14 at 2:46 p.m. Resident #113 stated she slept during the night and occasionally took a nap during the day. Nursing staff administered an as needed medication for sleep, however there is no documentation indicating the resident requested this medication nor was there documentation indicating how many hours the resident actually slept.

In a staff interview with Staff, on 10/22/14 at 3: 02 p.m. Staff B (Director of Nursing) acknowledged the comprehensive care plan and care guide had not been developed for this resident to monitor the actual number of hours the resident slept and target behaviors.

**RESIDENT #87**  
Resident #87 was admitted to the facility on [REDACTED] with multiple diagnoses including [REDACTED] and depressive disorder.

F 279

*This Plan of Correction is the center's credible allegation of compliance.*

*Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.*

to verify appropriate patient care planning of new medications and the necessary documentation.

- Process will be audited weekly x 4 weeks, then monthly x3 months and then as needed thereafter. Issues or concerns will be brought to the Performance Improvement Meeting for review and ongoing quality improvement monitoring.
- Parties responsible for ongoing compliance: The Director of Nursing, The Resident Care Managers and the Executive Director.

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F 279	<p>Continued From page 3</p> <p>A review of electronic record dated 06/22/14 revealed Resident # 87 was unable to make his toileting needs known and had a 2-3 year history of urinary incontinence.</p> <p>In interview on 10/23/14 at 8:53 a.m., Staff H ( Certified Nursing Assistant) stated Resident #87 was incontinent of urine several times daily and that staff should offer incontinent care after each incontinent episode.</p> <p>A review of the comprehensive care plan and visual bedside Kardex(care guide) dated 3/10/2014 failed to address the resident's current incontinence status goals and interventions.</p>	F 279	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	
F 280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO 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</p>	F 280	<p>F280 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE – REVISE CP</p> <p>As it pertains to residents involved:</p> <ul style="list-style-type: none"> <li>Resident #43: Resident care plan updated to reflect current medication.</li> </ul> <p>As it pertains to similar situations:</p> <ul style="list-style-type: none"> <li>An audit has been completed for resident's on similar medications to verify accuracy of care plan.</li> </ul> <p>Preventative Measures:</p> <ul style="list-style-type: none"> <li>Staff has been educated on updating care plans.</li> </ul> <p>Ongoing monitoring:</p> <ul style="list-style-type: none"> <li>Process will be audited weekly x 4 weeks, then monthly x3 months and</li> </ul>	

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F 280	Continued From page 4 each assessment.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to review and/or revise the plans of care for one of five current sampled residents. Failure to develop comprehensive care plans placed residents at risk of not having their individual needs met.  Findings include: RESIDENT #43 Resident #43 was admitted to the facility on [REDACTED] with multiple medical diagnoses including dementia. A review of the resident's care plan dated 09/25/14 showed Resident #43 was at risk for falls related to dementia and the use of psychoactive medications. A review of physician's orders revealed the order for [REDACTED] was discontinued and [REDACTED] was started on 02/19/14.  In an interview on 10/23/14 at 3:22p.m., Staff B (Director of Nursing) stated the resident's comprehensive care plan should reflect the residents current medications and individual care needs.	F 280	<i>This Plan of Correction is the center's credible allegation of compliance.</i>  <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>  <ul style="list-style-type: none"> <li>then as needed thereafter. Issues or concerns will be brought to the Performance Improvement Meeting for review and ongoing quality improvement monitoring.</li> <li>Parties responsible for ongoing compliance: The Director of Nursing, The Resident Care Managers and the Executive Director.</li> </ul>	
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS  Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or	F 329		

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F 329	<p>Continued From page 5</p> <p>without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility failed to ensure two of five sampled residents (Residents # 113 and #50) were free of unnecessary medications, related to adequate indications for use, the use of non-pharmacological interventions prior to administering an as needed medication related to anxiety and/or insomnia and the consistent monitoring of medications. This failure placed residents at risk of receiving unecessary medication.</p> <p>Findings include: RESIDENT # 113 Resident #113 was admitted to the facility on</p>	F 329	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law</i></p> <p><b>F329 483.25(i) DRUG REGIMEN IS FREE FROM UNCESSCSSARY DRUGS</b></p> <p>As it pertains to residents involved:</p> <ul style="list-style-type: none"> <li>Resident #113: Care plan has been updated, appropriate monitoring, the MAR was updated and target behaviors initiated.</li> <li>Resident #50: Resident is being monitored for behaviors and adverse side effects.</li> </ul> <p>As it pertains to similar situations:</p> <ul style="list-style-type: none"> <li>An audit has been completed for residents on similar medications and with similar diagnosis to verify that they have appropriate care planning and monitoring was in place.</li> </ul> <p>Preventative Measures:</p> <ul style="list-style-type: none"> <li>Staff has been educated on care planning, target behaviors, and monitoring for side effects &amp; sleep monitoring.</li> </ul> <p>Ongoing monitoring:</p> <ul style="list-style-type: none"> <li>Facility will utilize new admission audits to verify appropriate patient care planning of new medications and the necessary documentation &amp; monitoring.</li> </ul>	

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F 329	<p>Continued From page 6</p> <p>██████████ The diagnoses included anxiety disorder.</p> <p>The resident is taking ██████████ a medication used to treat anxiety. In addition, the resident was given ██████████ a medication for sleep on 10/17/14 and again on 10/19/14 without any indication for use. There was no documentation indicating whether staff monitored the resident for potential side effects, number of hours the resident slept, or target behaviors.</p> <p>In interview on 10/22/14 at 3:02 p.m., Staff B reported Resident#113 was recently admitted to the facility, therefore the comprehensive care plan was not completed and staff had not been monitoring the number of hours the resident slept or target behaviors.</p> <p><b>RESIDENT #50</b></p> <p>Resident #50 was re-admitted to the facility on ██████████. The diagnoses included depression. The resident had been receiving ██████████ for the treatment of depression since 2013.</p> <p>Record review revealed the resident's behaviors included; sad, worried expressions, fearfulness and self-isolation. The side effects included but not limited to; constipation, blurred vision, tremors, sedation and confusion.</p> <p>The most recent health care provider review dated 09/16/14 revealed; Resident #50 had ongoing depressive behaviors.</p>	F 329	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>will be completed weekly x 4 weeks, then monthly x3 months and then as needed thereafter. Issues or concerns will be brought to the Performance Improvement Meeting for review and ongoing quality improvement monitoring.</p> <ul style="list-style-type: none"> <li>Parties responsible for ongoing compliance: The Director of Nursing, The Resident Care Managers and the Executive Director.</li> </ul>	

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F 329	Continued From page 7 The care plan interventions revealed the staff were to monitor the occurrence of depression behaviors.  The facility's policy revealed staff were to document and monitor adverse side effects and behaviors.  However, record review revealed no evidence of monitoring behaviors of depression or monitoring for adverse side effects of anti-depression medications use.  In interview on 10/22/2014 at 2:47 p.m., when asked, Staff F, the unit manager was not able to locate documentation of monitoring for the use of anti-depressive medication.  Without monitoring, it would be difficult to determine whether the current medications dose was appropriate in promoting or maintaining the resident's highest level of psychological functioning or whether adverse side effects were present.	F 329		
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.  The clinical record must contain sufficient information to identify the resident; a record of the	F 514		

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F 514	<p>Continued From page 8</p> <p>resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, and interviews, the facility failed to have complete and accurate documentation for 3 of 19 residents (Residents #10, #56 and #57) reviewed during stage 2 for care directives and physician orders. For Residents #10 and #56, the certified aide care directives were not completed to reflect current care needs. For Resident #57 the physicians order did not contain a necessary physician's order. These failures placed the residents at potential risk for not receiving necessary care and services.</p> <p>Findings Include:</p> <p><b>RESIDENT # 56</b> Resident #56 had lived in the facility for over a year. The resident's most recent Minimal Data Set (MDS) assessment of [REDACTED] reveled the resident's preferred language was something other than English, that she rarely understood verbal information; and was totally dependent on 1 to 2 staff members for activities of daily living.</p> <p>The resident's daughter reported on 10/20/14 at 2:50 p.m., the resident would follow simple commands if she spoke to her in her native language and did not understand English.</p> <p>Staff G on 10/23/14 at 11:40 a.m. reported the daughter speaks to Resident #56 in her native</p>	F 514	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F514 483.75(l)(1) RES RECORDS-COMLETE / ACCURATE / ACCESSBLE</p> <p>As it pertains to residents involved:</p> <ul style="list-style-type: none"> <li>• Resident #10: Resident has discharged.</li> <li>• Resident #56: Resident Kardex / Care Directive has been updated to reflect residents primary language.</li> <li>• Resident #57: Resident is deceased.</li> </ul> <p>As it pertains to similar situations:</p> <ul style="list-style-type: none"> <li>• An audit has been completed to validate those residents with English as a second language has their primary language reflected on their Kardex / Care Directive.</li> <li>• An audit has been completed to validate to ensure that residents in similar situations have accurate Kardex / Care Directives.</li> </ul> <p>Preventative Measures:</p> <ul style="list-style-type: none"> <li>• Staff have been educated on how to trigger information from the Care plan to the Kardex / Care Directive in PCC.</li> <li>• Staff have been educated on how to update the Kardex / Care Directive when information changes.</li> <li>• Facility will review the Kardex's with</li> </ul>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	
NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING AND REHABILITATION - ARDEN			STREET ADDRESS, CITY, STATE, ZIP CODE 16357 AURORA AVENUE NORTH SEATTLE, WA 98133	
(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)	DATE
F 514	<p>Continued From page 9</p> <p>language. Staff # reported the resident "...doesn't respond to anything I say to her." On observation, when spoken to, the resident did not respond.</p> <p>The resident's care plan contained information about communication and the preferred language the resident spoke. The care directives to the aides which provided information related to resident needs and services contained a section on communication. This section did not provide information related to the resident's preferred language or that the resident does not understand English.</p> <p>The Resident Care Manager, Staff F, on 10/27/14 at 1:00 p.m., reviewed the resident's care plan and discovered sections related to communication where the preferred language was identified. In further review it was discovered a certain box had to be clicked for this information to be available on the care directives. The Director of Nursing, Staff B, reviewed the care plan and the directives and confirmed the information from the care plan to the directives was not complete.</p> <p><b>RESIDENT #10</b> Resident #10 was admitted during the summer of 2014 for a fractured femur and other complicated medical diagnosis including an anxiety disorder. The admission MDS assessment of [REDACTED] revealed she was cognitively intact and required extensive assistance of 1 to 2 staff members for activities of daily living.</p> <p>The resident received an anti-anxiety medication and a care plan was initiated for the use of this medication. The care plan identified interventions</p>	F 514	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>monthly to verify accuracy.</p> <p>Ongoing monitoring:</p> <ul style="list-style-type: none"> <li>• Random audit of care planning will be completed weekly x4 weeks, monthly x3 months and then as need thereafter. Issues or concerns will be brought to the Performance Improvement Meeting for review and ongoing quality improvement monitoring.</li> <li>• Parties responsible for ongoing compliance: The Director of Nursing, The Resident Care Managers and the Executive Director.</li> </ul>	

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PRINTED: 11/03/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505214</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/28/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KINDRED NURSING AND REHABILITATION - ARDEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>16357 AURORA AVENUE NORTH SEATTLE, WA 98133</b>
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F 514	<p>Continued From page 10</p> <p>that the care staff needed to be aware of in providing care. The care plan was initiated on 09/18/14 and the available care directive was printed off on 09/16/14 and did not provide this updated information.</p> <p>Staff B and Staff F reviewed this information on 10/27/14 at 1:30 p.m., confirmed the information was not transferred to the resident's care directive.</p> <p><b>RESIDENT #57</b></p> <p>Resident #57 was re-admitted to the facility on [REDACTED]. The diagnoses included congestive heart failure including re-occurrence of a cardiac condition felt to be inoperable. The most recent Minimum Data Set (MDS), a facility assessment also revealed the resident was receiving hospice care.</p> <p>On 10/23/2014 at 1:49 p.m., Resident #57 was observed in bed. She was alert and able to make some needs known.</p> <p>The care plan revealed staff were to monitor grieving for terminal illness.</p> <p>Record review revealed an agreement was in place for hospice care service which was dated 08/14/14. The record also revealed a "Do Not Resuscitate" order dated 08/02/14.</p> <p>However, the resident did not have documented physician's orders for hospice care for the months of August, September and October 2014.</p>	F 514		
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F 514	<p>Continued From page 11</p> <p>On 10/23/2014 at 3:30 p.m., when asked why hospice orders were not included on the resident's current orders, Staff B, the DNS stated, the information was missed when the monthly orders were reviewed.</p> <p>Without complete clinical record documentation which accurately identifies current care, the resident is a risk for not receiving appropriate care and services.</p>	F 514		

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