

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

PRINTED: 01/29/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465142	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/15/2007
NAME OF PROVIDER OR SUPPLIER INFINIA AT GRANITE HILLS, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 950 EAST 3300 SOUTH SALT LAKE CITY, UT 84106	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An abbreviated/complaint survey was conducted at the facility from 3/14/07/ to 3/15/07. Two of the three complaints were not substantiated. One was substantiated. See F241, F279, F309 and F324.	F 000		
F 241 SS=D	483.15(a) DIGNITY 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. This REQUIREMENT is not met as evidenced by: Based on observation, it was determined the facility did not answer residents' call lights in a timely manner. Findings included: The call light in room 206 was activated on 3/14/07 at 2:20 PM, and was answered at 2:33 PM, 13 minutes later. The call light in room 112 was activated on 3/14/07 at 2:50 PM and was answered at 3:02 PM, 12 minutes later. The call light in room 203 was activated on 3/15/07 at 10:50 AM and was answered at 11:08 AM, 18 minutes later.	F 241		4/25/07
F 279 SS=D	483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.	F 279		4/25/07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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	Continued From page 1 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. 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). This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, it was determined that for 1 of 5 sample residents, the facility did not develop, review and revise comprehensive care plans for each resident based on their individual needs identified by the facility staff. Resident identifier: 2 Findings included: 2. Resident 2 was originally admitted to the facility on 9/12/06 and readmitted on 1/16/07 after a brief stay in the hospital. Resident 2 had diagnoses that included Bipolar disorder, dementia, cerebrovascular disease, chronic airway obstruction, convulsions, osteomyelitis, and congestive heart failure. Resident 2 medical record was reviewed on	F 279			

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F 279	Continued From page 2 3/14/07. Resident 2 had physician orders, dated 1/17/07, for the use of a helmet while up, due to falls. No care plan was found in the clinical record addressing resident's use of a helmet. Resident 2 had physician orders, dated 1/18/07, for the use of a C- (cervical) collar at all times, due to falls. No care plan was found in the clinical record addressing resident's use of a C-collar. Resident 2 had physician orders, dated 1/30/07, for the use of a lap buddy while in wheelchair, due to falls. No care plan was found in the clinical record addressing resident's use of a lap buddy. Resident 2 had physician orders, dated 2/13/07, for one on one supervised smoking. No care plan was found in the clinical record addressing resident 2's supervised smoking. No documentation could be found in the clinical record that a smoking assessment had been completed for the resident Resident 2 had physician orders, dated 2/20/07, for the treatment of resident 2's burned fingers. No care plan was found in the clinical record addressing resident 2's burns or the treatment of them.	F 279			
F 309	483.25 QUALITY OF CARE	F 309		4/25/07	

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F 309 SS=D	Continued From page 3 Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, it was determined that the facility did not provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well being for 1 of 5 sampled residents. Specifically, resident 2 did not receive prompt assessment and services when he presented with signs of burns to his fingers and hands. Additionally resident 2 did not have his physician ordered C-(cervical) collar and helmet on. Resident identifier, 2. Findings included: Resident 2 was originally admitted to the facility on 9/12/06 and readmitted on 1/16/07 after a brief stay in the hospital. Resident 2 had diagnoses that included Bipolar disorder, dementia, cerebrovascular disease, chronic airway obstruction, convulsions, osteomyelitis, and congestive heart failure. Resident 2 medical record was reviewed on 3/14/07, it revealed the following: On 1/30/07, IDT (interdisciplinary team) meeting notes were found in resident 2's chart.	F 309			

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F 309	<p>Continued From page 4</p> <p>Comments by Nursing stated, "Resident continues with periods of anxiety, needs close monitoring while smoking - has some burns on fingers which are being treated." No documentation was found in the Nurse's Notes about these burns until 2/8/07.</p> <p>On 2/8/07 at 1:10 PM, Nurse's Notes documented, "pt (patient) has several wounds r (right) l (left) index finger which is d/t (due to) pt burning self (with) cigarettes. Cleaned and dressed this AM, bandage put on pt. Pt took those off a while later. Also wounds on (right) wrist which looks like cigarette burns, cleaned and dressed yesterday. pt has left this alone."</p> <p>On 2/13/07, a physician telephone order was obtained. It stated, "one/one smoking d/t increased supervision/burns." No treatment for burns was identified.</p> <p>On 2/20/07, a physician telephone order was obtained. It stated. "Dress burns to fingers: cleanse (with) NS (normal saline) or wound cleanser, apply silvadene ointment and cover (with) gauze wrap. Cont (continue) smoke breaks/do not light cigarette."</p> <p>Documentation suggests that resident 2 had burns on fingers and/or hands for 21 days before a physician order was obtained for the treatment of these burns.</p> <p>An observations of resident 2 was made on 3/14/07 at 10:30 AM. Resident 2 had multiple sores and scabs to the fingers on his right hand. They were not covered or dressed.</p> <p>A review of the facility's incident reports was</p>	F 309			

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F 309	<p>Continued From page 5</p> <p>done. No documentation could be found concerning the burns to resident 2's fingers or hands.</p> <p>No documentation could be found in resident 2's medical record that a smoking assessment had been completed for the resident.</p> <p>No Care Plan was found in the clinical record about resident smoking supervision .</p> <p>No Care Plan was found in the clinical record about the burns on his fingers and/or hands</p> <p>On 1/17/07, a physicians telephone order for resident 2 was written. It stated, "Patient is to wear helmet when up - fall risk."</p> <p>1/18/07 - resident 2 fell while ambulating to the back door. Sustained a laceration above his right eye. Complained of pain in his right upper extremity. Resident transported to the hospital.</p> <p>Resident 2 returned from the hospital with a C-(cervical) collar on his neck and physician orders for the C-collar and helmet to be worn at all times.</p> <p>A care plan for resident 2's falls was implemented on 1/30/07. However it did not address resident 2's use of the C-collar or helmet.</p> <p>Observation of resident 2 on 3/14/07 at 12:15 PM, revealed that resident 2 was in a wheelchair, with a lap buddy on. Resident 2 was not wearing his helmet or C-collar. Resident 2 also had no socks or shoes on.</p> <p>In interview was held on 3/14/07 at 12:18 PM with the nurse in charge of resident 2's cares on that</p>	F 309			

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F 309	Continued From page 6 day. The nurse was asked when the C-collar was discontinued. The nurse stated that the C-collar had not been discontinued yet, but they were waiting for a clarification order from the physician, since resident 2's follow up CT scan on 2/13/07. She went on to state that the reason resident 2 wasn't wear his C-collar was because there is only one C-collar and it had just been washed and was drying. Observation of resident 2 on 3/14/07 at 2:30 PM, revealed that resident 2 was in a wheelchair, with a lap buddy on. Resident 2 was not wearing his helmet or C-collar. Resident 2 also had no socks or shoes on.	F 309			
F 324 SS=G	483.25(h)(2) ACCIDENTS The facility must ensure that each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews it was determined that for 3 out 5 sampled residents, the facility did not ensure that each resident received adequate supervision and assistive devices to prevent accidents. Specifically, (A) one resident sustained multiple burns to fingers and hands while smoking, and (B) three residents had falls, some with injuries, without the facility implementing interventions or reassessing the residents between falls. Resident identifiers, 1, 2 and 3. Findings included: (A) Resident 2 was originally admitted to the	F 324		4/25/07	

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F 324	<p>Continued From page 7</p> <p>facility on 9/12/06 and readmitted on 1/16/07 after a brief stay in the hospital. Resident 2 had diagnoses that included Bipolar disorder, dementia, cerebrovascular disease, chronic airway obstruction, convulsions, osteomyelitis, and congestive heart failure.</p> <p>Resident 2 medical record was reviewed on 3/14/07.</p> <p>On 1/30/07, IDT (interdisciplinary team) meeting notes were found in resident 2's chart. Comments by Nursing stated, "Resident continues with periods of anxiety, needs close monitoring while smoking - has some burns on fingers which are being treated." No documentation was found in the Nurse's Notes about these burns until 2/8/07.</p> <p>On 2/8/07 at 1:10 PM, Nurse's Notes documented, "pt (patient) has several wounds r (right) l (left) index finger which is d/t (due to) pt burning self (with) cigarettes. Cleaned and dressed this AM, bandage put on pt. Pt took those off a while later. Also wounds on (right) wrist which looks like cigarette burns, cleaned and dressed yesterday. pt has left this alone."</p> <p>On 2/13/07, a physician telephone order was obtained. It stated, "one/one smoking d/t increased supervision/burns." No treatment for burns was identified.</p> <p>On 2/20/07, a physician telephone order was obtained. It stated. "Dress burns to fingers: cleanse (with) NS (normal saline) or wound cleanser, apply silvadene ointment and cover (with) gauze wrap. Cont (continue) smoke breaks/ do</p>	F 324			

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F 324	<p>Continued From page 8 not light cigarette."</p> <p>On 2/20/07 at 6:25 AM, Nurse's Notes documented, "New order: Dress burns to fingers: cleanse (with) NS (normal saline) or wound cleanser, apply silvadene ointment and cover (with) gauze wrap. Cont (continue) smoke breaks/ do not light cigarette."</p> <p>On 3/1/07 at 8:00 PM, Nurse's Notes documented, "Dress burns to hands bilaterally - as per order on 2/20/07."</p> <p>A review of the facility's incident reports was done. No documentation could be found concerning the burns to resident 2's fingers or hands.</p> <p>An interview was held on 3/15/07 at 10:45 AM, with the facility Administrator. He stated that he did not have any incident reports for resident 2 concerning his burns. The administrator was asked about resident 2's order on 2/20/07 that stated, "Cont (continue) smoke breaks/ do not light cigarette." The Administrator stated it was something that they were trying with resident 2, but it wasn't working.</p> <p>Resident 2 was observed on 3/14/07 at 10:30 AM. He had multiple sores and scabs to the fingers on his right hand. They were not covered or dressed.</p> <p>An interview was held on 3/14/07 at 2:05 PM, with an aide in charge of the afternoon smoking break. She was asked if resident 2 could smoke. The aide stated that resident 2 could smoke with supervision.</p>	F 324			

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F 324	<p>Continued From page 9</p> <p>An interview was held on 3/15/ 07 at 11:00 AM, with the aide in charge of the morning smoking break. She was asked if resident 2 could smoke. The aide stated that they can give him a cigarette but not light it.</p> <p>No documentation could be found in resident 2's medical record that a smoking assessment had been completed for the resident.</p> <p>No Care Plan was found in residents 2 medical record about resident smoking .</p> <p>No Care Plan was found in resident 2's medical record about the burns on his fingers and/or hands.</p> <p>(B) 1. Resident 1 was admitted to the facility 2/17/05 with diagnoses that included Intracranial injury, Bipolar disorder, dementia, thrombocytopenia and ulcer.</p> <p>Resident 1's medical record was reviewed on 3/14/07.</p> <p>An annual MDS (minimum data set) was completed for resident 1 on 1/11/07. This MDS documented the following:</p> <p>Resident 1's cognitive skills for daily decision making were moderately impaired and that he had altered perception or awareness of his surroundings. It indicated that resident 1 was ambulatory and only needed supervision.</p> <p>Facility incident reports and Nurse's Notes from 1/1/07 to 3/15/07, for resident 1's falls were review on 3/15/07. They revealed the following:</p>	F 324			

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F 324	Continued From page 10 Fall 1 1/3/07 - resident fell in hall by elevator, no injury noted. There was no documentation to evidence that staff re-evaluated resident 1's risk for falls or initiated a care plan to address the falls. A fall assessment was completed by a facility nurse on 1/11/07 and found resident 1 to have a score of 16. (The facility defined scores of 10 or more to be high risk.) Fall 2 1/21/07 - resident fell while running in hall, resident sustained a nose bleed. There was no documentation to evidence that staff re-evaluated resident 1's risk for falls or updated the care plan to address the falls. Fall 3 1/26/07 - resident fell in hall, hit head on wall, small hematoma on right elbow. Resident was not wearing helmet. There was no documentation to evidence that staff re-evaluated resident 1's risk for falls or updated the care plan to address the falls. Fall 4 2/15/07 - resident fell after being pushed by an other resident, no injury noted. There was no documentation to evidence that staff re-evaluated resident 1's risk for falls or updated the care plan to address the falls.	F 324			

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F 324	<p>Continued From page 11</p> <p>2. Resident 2 was originally admitted to the facility on 9/12/06 and readmitted on 1/16/07 after a brief stay in the hospital. Resident 2 had diagnoses that included Bipolar disorder, dementia, cerebrovascular disease, chronic airway obstruction, convulsions, osteomyelitis, and congestive heart failure.</p> <p>Resident 2 medical record was reviewed on 3/14/07.</p> <p>A significant change MDS was completed for resident 2 on 1/30/07. This MDS documented the following:</p> <p>Resident 2's cognitive skills for daily decision making were severely impaired and that he had altered perception or awareness of his surroundings. Resident 2 also needed total assistance during ambulation. It also revealed that resident 2 had a history of falls.</p> <p>On 1/17/07, a physicians telephone order for resident 2 was written. It stated, "Patient is to wear helmet when up - fall risk."</p> <p>Facility incident reports and Nurse's Notes for resident 2's falls were review on 3/15/07. They revealed the following:</p> <p>Fall 1 1/18/07 - resident 2 fell while ambulating to the back door. Sustained a laceration above his right eye. Complained of pain in his right upper extremity. Resident transported to the hospital.</p> <p>Resident 2 returned from the hospital with a C-(cervical) collar on his neck and physician orders for the C-collar and helmet to be worn at all times.</p>	F 324			

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F 324	<p>Continued From page 12</p> <p>Fall 2 1/20/07 - resident removed helmet and c-collar and went outside to smoke in wheelchair. Resident fell while in wheelchair then stood up and fell again. No injury was noted.</p> <p>There was no documentation to evidence that staff re-evaluated resident 2's risk for falls or initiated a care plan to address the falls.</p> <p>Fall 3 1/22/07 - Nurse's Notes document resident 2's use of a lap buddy while in wheelchair.</p> <p>There was no physician order for the use of the lap buddy.</p> <p>There was no restraint assessment found for the use of the lap buddy.</p> <p>There was no documentation to evidence that a care plan was initiated to address the use of the lap buddy.</p> <p>1/30/07 - a physician telephone order was written. It stated, "Lap buddy when in w/c (wheelchair) d/t increased weakness. Release q (every) 2 hours for positioning and cares."</p> <p>A fall assessment was completed by a facility nurse on 1/30/07 and found resident 2 to have a score of 19. (The facility defined scores of 10 or more to be high risk.)</p> <p>There was no documentation to evidence that a care plan was updated to address the use of the lap buddy.</p>	F 324			

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PRINTED: 01/29/2008
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OMB NO. 0938-0391

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F 324	<p>Continued From page 13</p> <p>There was no restraint assessment found for the use of the lap buddy.</p> <p>Fall 4 2/18/07 - resident fell backwards while in wheelchair. Helmet was on, no injury.</p> <p>There was no documentation to evidence that staff re-evaluated resident 2's risk for falls or updated the care plan to address the falls.</p> <p>Fall 5 3/1/07 - resident fell outside while in wheelchair, helmet and lap buddy on, no injury.</p> <p>There was no documentation to evidence that staff re-evaluated resident 2's risk for falls or updated the care plan to address the falls.</p> <p>Fall 6 3/2/07 - resident tipped over sideways while in wheelchair, no injury.</p> <p>There was no documentation to evidence that staff re-evaluated resident 2's risk for falls or updated the care plan to address the falls.</p> <p>Fall 7 3/11/07 - resident fell in backwards while in wheelchair, hit head, abrasion to crown of head. Resident 2 was not wearing his helmet.</p> <p>There was no documentation to evidence that staff re-evaluated resident 2's care plan to address the falls.</p> <p>3/12/07 - a tip bar was placed on resident 2's wheelchair to prevent him from falling backwards.</p>	F 324			

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F 324	<p>Continued From page 14</p> <p>A care plan for falls was completed by staff on 1/30/07. There was no documentation about the resident's use of a lap buddy. There was no documentation about the resident's use of a helmet. There was no documentation about the resident's use of a C-collar. There was no documentation about the resident's use of tip bars on his wheelchair. The care plan was not updated with each of resident 2's falls.</p> <p>The care plan identified some approaches for resident 2's fall, which included the use of proper, well maintained footwear.</p> <p>Observation of resident 2 on 3/14/07 at 12:15 PM, revealed that resident 2 was in a wheelchair, with a lap buddy on. Resident 2 was not wearing a helmet or a C-collar. Resident 2 also had no socks or shoes on.</p> <p>In interview was held on 3/14/07 at 12:18 PM with the nurse in charge of resident 2's cares on that day. The nurse was asked when the C-collar was discontinued. The nurse stated that the C-collar had not been discontinued yet, but they were waiting for a clarification order from the physician, since resident 2's follow up CT scan on 2/13/07. She went on to state that the reason resident 2 wasn't wear his C-collar was because resident 2's C-collar had just been washed and was drying.</p> <p>Observation of resident 2 on 3/14/07 at 2:30 PM, revealed that resident 2 was in a wheelchair, with a lap buddy on. Resident 2 was not wearing a helmet or a C-collar. Resident 2 also had no socks or shoes on.</p>	F 324			

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F 324	Continued From page 15 3. Resident 3 was admitted to the facility on 3/14/04 with diagnoses which included hypertension, thrombocytopenia, anxiety and schizophrenia. Resident 3's medical record was reviewed on 3/14/07. An annual MDS was completed for resident 3 on 12/21/06. This MDS documented the following: Resident 3's cognitive skills for daily decision making were severely impaired. Resident 2 also needed extensive assistance with ambulation and transferring. It also revealed that resident 3 had a history of falls. Facility incident reports and Nurse's Notes for resident 3 ' s falls were reviewed on 3/15/07. It revealed the following: Fall 1 1/22/07 - resident 3 was found by a nursing assistant lying on the floor in the bathroom. No apparent injuries. There was no documentation to evidence that staff re-evaluated resident 3's risk for falls or revised resident 3 ' s care plan to address the fall. Fall 2 1/23/07 at 12:30 PM, nurse ' s notes state "reported fall (with) head injury" "Petechiae on forehead (with) swelling present."	F 324			

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F 324	Continued From page 16 There was no incident report for this reported fall and no documentation to evidence that staff re-evaluated resident 3's risk for falls or revised resident 3's care plan to address the fall. 1/24/07 at 1:30 PM, nurse ' s notes state "forehead remains swollen dark bruising appearing." 1/24/07 at 11:35 PM, nurse ' s notes state "Continues (with) bruising to forehead, L (left) eye/nose area." 1/25/07 at 1:10 PM, nurses notes state "forehead still swollen (with) bruising appearing". 1/25/07 at 8:45 PM, nurses notes state Forehead (and) eyes are swollen. Eyes are bruised from the inner corner to the edges." Fall 3 2/23/07 at 9:45 AM, resident 3 was in day watching TV in the day room in her wheelchair and fell forward hit left side of eye with small laceration, swelling and bruising present. There was no documentation to evidence that staff re-evaluated resident 3's risk for falls or revised resident 3's care plan to address the fall. 2/23/07 at 1:35 PM, nurses notes state "Ice pack (times) 2 for swelling." 2/23/07 at 10:30 PM, nurses notes state "L eye is bruised (and) swollen" 2/24/07 at 1:20 PM nurses notes state "L lateral orbital area bruised."	F 324			

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F 324	<p>Continued From page 17</p> <p>2/25/07 from 6:00 AM to 2:00 PM nurses notes state "L eye is bruised and has a bandaid over it."</p> <p>Fall 4 2/25/07- resident 3 fell while trying to get out of her wheelchair.</p> <p>There was no incident report for this reported fall and no documentation to evidence that staff re-evaluated resident 3's risk for falls or revised resident 3's care plan to address the fall.</p> <p>2/25/07 at 8:00 PM nurses notes state "Noted new hematoma to forehead red raised. Old injury to L outer eye bandaid intact bruising from outer edge of drsg (dressing)."</p> <p>2/26/07- Nurses notes state "L eye continues to be bruised."</p> <p>A fall assessment was completed by a facility nurse on 12/21/06 and found resident 3 to have a score of 11.</p> <p>A care plan for falls was completed by staff on 12/21/06. It was not updated with each of resident 3's falls.</p> <p>The care plan identified some approaches for resident 3's fall, which included analyze resident 's falls to determine pattern/trend.</p> <p>An interview was held on 3/15/07 at 11:35 AM with the nurse in charge of resident 3's cares on that day. The nurse was asked if she was aware of any interventions in place to prevent resident 3 from falling. The nurse stated that she was not</p>	F 324			

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F 324	Continued From page 18 aware of any specific interventions in place to prevent resident 3 from falling.	F 324			