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F 425	Continued From page 43 confirmation from the nurse." Further review of R7's POS shows no order verification was obtained from the physician, to reflect the order for Hydrocodone 5-325 mg, 1 tablet, Q6 hours PRN.	F 425		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a) 300.1210a) 300.1220b)2) 300.3240f) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological	F9999		

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well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. 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 300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:
2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.

Section 300.3240 Abuse and Neglect

f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)

These Regulations are not met as evidenced by the following:

Based on observation, record review and

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interview the facility failed to intervene and prevent 2 of 24 sampled residents (R8 and R16) from being physically and verbally abused by R9. R9 on 6/02/2010 attempted to physically assault R16 using a chair, and on 6/17/2010 (using a chair) hit R8 in the head. R9 demonstrated potential for harmful behaviors. Both incidents occurred in an area frequented by residents and there was no staff intervention until after the assault by R9, and physical altercation between R8 and R9. The facility had no system in place at the time in which the staff members could be available to address the onset of negative behavior before a physical altercation occurred. The surveyors observed on 7/20 and 7/21/2010, the patio area is not being directly supervised by any facility staff and R9 was present with other residents during one observation.

Findings include:

According to R9's medical record, R9 is a 66 year old resident with a diagnosis of schizophrenia.

On 7/19/2010 at 10:28am, the surveyor encountered R9 in one of the facility's elevators. R9, while talking to the surveyor, referred to the surveyor as a teacher and told the surveyor to look up a bible scripture. On 7/22/2010 at 9:45am, the surveyor attempted to locate R9 on the unit, however the charge nurse at the time reported R9 could usually be found on the patio. At 9:58am, the surveyor attempted to interview R9, however R9 was non-responsive to the questions.

The facility's incident reports for the past year include the following concerning R9:
-6/02/2010 at 5:45pm while on patio, Resident

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F9999	Continued From page 46 according to administrator (E1): This resident sat down near another resident (R16) on the step and asked him something, he must have refused him and this resident swung a chair at R16. The resident received laceration on left side of face and right side of right arm. -6/17/2010 at 11:20am while on patio, Staff responding to code yellow on the patio. Noted resident bleeding from mouth and nose understand resident had physical fight with another resident (R8). The diagram physical findings indicate R9 had a swollen face and jaw area, abrasion skin tear to the nose area and left eye near eyebrow, abrasion to the back of the head and skin tear and abrasion to the back of the left arm. Also, documented was a change in level of consciousness. -Additional report of incident for R8 dated 6/17/2010 with a time of 11:28am stated, R8 in physical altercation on patio after male resident, R9 struck him with a plastic chair while walking on patio. Doctor notified with order to transport to hospital for evaluation. Disposition: Boxer fracture right ulnar temporary splint applied. Follow-up with ortho on 6/23/2010. -Additional report of incident dated for R9 6/17/2010 at 11:28am, Resident in physical altercation after striking another resident with a plastic chair. Resident noted with swelling to nose it bleeding small scratch to side of face. Some shortness of breath (SOB) shortly after incident. Doctor made aware with orders to hospital. Diagnosis with a blunt head trauma hypertension, diabetes all x-rays negative. The surveyor reviewed the written statements from the individuals that witnessed the incident on 6/17/2010 and the following was noted: -R16 statement: R9 hit R8 with a chair. Then they	F9999		

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started fighting. R9 fell and hit his head on the ground. R8 kicked R9 one time in the head. Then R9 walked away from him. R9 was also arguing with a female resident R25. That's how it all got started.
-R26 statement: I was outside when preacher (R9) started on R8. They were arguing. Then preacher pick up a chair and hit R8 in the head with it. After that R8 hit him about 6 times and it was over. I was standing there and saw the whole thing.
-R27 statement: I was sitting down outside. R9 (and R8) were arguing and cursing each other. I told R9 to stop and cool out. He (R9) went over by R8 and started fussing with him. Told R9 not (to) borrow any more money from him. R9 kept on arguing with him . R8 said just go on. Then R9 picked up a chair and hit R8 in the head. After that they started fighting.
-R28 statement: R9 was going towards R8. He was arguing. R8 walked away from him. Then R9 picked up a chair plastic and threw it at R8 and hit him in the head. Then I saw them on the ground fighting with each other. I told G.... to call a code yellow: Help came and stopped the fight.
-E5 (housekeeper supervision) statement: I came to the patio area and I seen R9 pick up a chair and struck R8 and fell and R9 started striking him in his face. I ran and broke up the altercation. R9 was wozzie, could stand up bleeding from his mouth and nose area. So I told him to lye down. The PRSCs (case managers) and nursing and facility staff came and gave R9 medical attention until the ambulance came.

On 7/20/2010 at 1:00pm, the surveyor went to the facility's patio area. At the time there were 20 residents in the area and no staff members were present. R9 was among the residents at the time.

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F9999	Continued From page 48 On 7/21/2010 at 2:50pm, a surveyor visited the patio while interviewing a resident. Residents were without any staff members present at the time. On 7/22/2010 at the daily status meeting E1 (administrator) was asked what is the facility's policy for monitoring residents and to provide the surveyor's with the policy. On 7/27/2010 at 11:29am via phone, again the surveyor asked E1 about the facility's policy for monitoring resident on the patio and provide the policy that governed the staff member's actions. Nothing was presented to the surveyor. During this time E1 commented to the surveyor that on 6/17/2010 during the incident involving R9 a staff member was on the patio. The surveyor asked what intervention if any was done to prevent the physical altercation from happening by the staff (E5). No answer was given. The surveyor noted to E1, E5's written statement indicated his intervention came after the physical altercation had finished and R9 was on the ground. On 7/20 and 7/22/2010 between 9:00am and 10:00am while in the administrative office, the surveyors noted two monitoring screens that included the patio areas. One was in the receptionist area and one in the administrative office. These monitoring devices did not show views of the entire back of the facility which include the exit from the building and patio areas. In addition, these monitoring devices were not in any staff members view continuously. R9's last assessment for at risk behavior related to mental illness was dated 8/12/2009. This assessment indicated R9 was a low risk for violent behavior. "Resident typically is mild -mannered easily re-directed." After the incident	F9999		

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of 6/02 and 6/17/2010 this assessment was not updated to reflect a current status for violent behavior. On review of each incident investigation, there was no evidence of any facility efforts to determine what if any thing triggered R9's violent behavior. No new care plan interventions for the incident on 6/02 and 6/17/2010 were found.

R9's current care plan with the onset date of 6/18/2010 identified R9's aggressive behavior. The goal stated: "Resident will go to staff when he is angered by a peer every time, where he will have no more episodes of physical aggressive behaviors. R9 is expected to seek out staff when he is angered." However, R9's assessments dated 4/29 and 8/06/2010 reflected R9 being moderately impaired for cognitive and decision making skills. There was no documentation of how staff will supervise R9 while he is among peers nor the specific behavior management program being used to correct R9's behaviors in the future.

R9's care plan had no modifications in the care plan interventions after the first incident of 6/02/2010. On 6/18/2010 the care plan was modified to reflect R9's aggressive behavior. However, there is no plan intervention to address supervision of R9 nor any change in psychosocial programing to address the identified aggressive behavior to prevention physical altercations.

On 7/21/2010 at 9:58am, the surveyor interviewed E7 (case manager/ PRSC) about the type of psychosocial programing R9 is receiving. According to E7, R9 receives skills training three time per week. E7 told the surveyor there were attempts to get him in a workshop but R9's

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current funding does not allow it. The surveyor requested any and all documented attendance records for R9's psychosocial program for 2010. E7 delivered the documentation. The surveyor noted the only programing R9 was regularly attending was the adult skill training program offered by the facility.

On review of the facility's adult skill training program, the surveyor noted there is multiple discussion of varies topic that may pertain to mental illness and/or every day living issues. This program is scheduled three times a week for thirty minutes a session (this is a total of 90 minutes for psychosocial programming per week). These subjects are rotated within a 10 week cycle and repeated again at the end of the tenth week. This is the only facility program conducted by the facility staff available for any resident in the facility. R9's care plan does not address how this particular program will assist R9 in preventing any physical or verbally aggressive behavior.

On 7/26/2010 the facility provided a behavior emergency policy in response to the survey's concern for adequate supervision for R9. The behavior policy states: "The facility staff is to initiate 1: 1 observation/monitoring until the resident is calm." Neither this policy, nor the information provide by E11(company president) on 7/26/2010, demonstrated how the facility would intervene and/or prevent R9's violent behavior to protect any other resident in the facility beyond the 3 to 4 days after the incident of 6/02/2010.

On 7/27/2010 at 4:01am the surveyor team conducted a conference call with

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E1(administrator) and E11(company president). According to E11 the information provided to the surveyor team, which included a 24 hour reports and R9's nurse's notes from 6/02 to 6/06/2010 demonstrated how the facility monitored R9 after the incident of 6/02/2010. E1 reported, after the incident of 6/02/2010 E4 (psychiatric rehabilitative service director) conducted a one to one session with R9. This was R9's first time with this behavior and he (R9) said he would not do it again.

(A)

300.625h)i)j)
300.4050a)1)
300.4050b)c)

Section 300.4050 Psychiatric Rehabilitation Services for Facilities Subject to Subpart S
a) The facility shall develop and implement a psychiatric rehabilitation program. A facility may contract with an outside entity to provide all or part of the psychiatric rehabilitation program as long as individual residents' needs are met and subsection (c)(4) is met. The program shall be designed to allow a wide array of group and individual therapeutic activities, including, but not limited to, the following:
1) Skills training programs addressing a comprehensive range of skill areas, including the major domains of self-maintenance, social functioning, community living, occupational preparedness, symptom management, and substance abuse management.
b) The facility's psychiatric rehabilitation program shall be integrated with other services provided to residents by the facility to develop a cohesive approach to each resident's overall needs and

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consistent plan of care.
c) Each facility shall have a written description of the components provided by the psychiatric rehabilitation program. Documentation shall include a description of psychiatric rehabilitation principles, the specific rehabilitation techniques and methods, and the type/level of staff utilization in providing each service to the resident.

These requirement are not met as evidenced by:

Based on observation, record review and interview the facility failed to provide specialize rehabilitative service for 15 of 24 sampled residents (R1, R2, R3, R4, R6, R7, R8, R9, R10, R15,R17, R18, R19, R20, R21) who has a mental illness to addresses each resident's identified needs and coordinates the services residents are receiving from outside sources. The facility failed to provide an on-going psychosocial programing throughout the day, for a more structure envirnomental in the facility. These failures has the potential to effect all of the facility's 133 residents.

Finding include:

1. R9 is a 66 year old resident with a diagnosis of schizoaffective disorder. On 7/19/2010 at 10:28am, the surveyor encountered R9 in one of the facility's elevator. R9 while talking to the surveyor refer to the surveyor as a teacher and told the surveyor to look up a bible scripture. On 7/22/2010 at 9:45am, the surveyor attempted to locate R9 on the unit. However, the charge nurse at the time reported R9 usually could be found on the patio. At 9:58am, the surveyor attempt to interview R9. However, R9 was non-responsive to the questions. R9 was wearing a white t-shirt

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F9999	Continued From page 53 with multiple colored dried stains on the front of the shirt. The facility's incident reports for the past year include the following concerning involving R9: -6/02/2010 at 5:45pm while on patio, Resident according to administrator (E1): This resident sat down near another resident on the step and asked him something, he must have refused him and this resident swung a chair at R16. The resident (R9) received laceration on left side of face and right side of right arm. -6/17/2010 at 11:20am while on patio, Staff responding to code yellow on the patio. Noted resident bleeding from mouth and nose. Understand resident had physical fight with another resident (R8). The diagram of physical findings indicated R9 had a swollen face and jaw area, abrasion /skin tear to the nose area and left eye near eyebrow, abrasion to the back of the head and skin tear/abrasion to the back of the left arm. Also, documented was a change in level of consciousness. R9's care plan was reviewed the current plan with the onset date of 6/18/2010 identified R9's aggressive behavior. The goal stated: Resident will go to staff when he is angered by a peer everytime, where he will have no more episodes of physical aggressive behaviors. R9 is expected to seek out staff when he is angered. However, R9's minimum data set assessments dated 4/29 and 8/06/2010 reflected, R9 being moderately impaired for cognitive and decision making skills. R9's care plan had no modifications in care plan interventions after the first incident of 6/02/2010. On 6/18/2010 the care plan was modified to reflect R9's aggressive behavior. However, there	F9999		

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is no plan intervention to address supervision of R9 nor any change in psychosocial programing to address the identified aggressive behavior to prevention physical altercation.

On 7/21/2010 at 9:58am, the surveyor interviewed E7 (case manager/ PRSC) about the type of psychosocial programing R9 is receiving. According to E7, R9 receives skill training, three time per week. E7 told the surveyor, there was attempted to get him in a workshop, but R9's current funding does not allow it.

R9's level of functioning-skill assessment dated 08/12/2009 indicated R9 needs substantial help in the area of money management skills and show a deficits in (sometimes) practicing appropriate symptom monitoring, stress management and coping skills and practicing appropriate conflict avoidance skills, much of the time dependent upon others for decision making. This assessment had no conclusions and recommendations for programs to address the above identified problems.

E7(case manager) monthly progress notes for 6/30/2010 documented, " Resident attends skills support group, attendance and participation is poor." E7 monthly progress notes 5/28/2010 notes documented R9 was on money management. On 7/21/2010 according to E1 (administrator), R9 agreed the facility would only give him some of his trust fund money every week (instead of taking it out all at once). There is no documented money management group therapy or one to one program with goals for R9.

A part of the facility's behavior management program is the resident's pass privileges. The

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January 29,2010 specialized rehabilitative services noted by E7, R9 is on a level one of the behavioral management program. However there is no psychosocial or behavior modification component with this management program. According to the behavior management program basic expectations and description, this a tool for the facility to determine the type of community pass each resident would be allowed to have. The pass privileges is decrease or increase according to a resident's actions to follow rules of the facility or present of negative behavior. There is no specialized rehabilitative services involved in this behavior management program. R9's specialized rehabilitative services and monthly progress notes from October 29, 2009 to June 30, 2010, all documented R9 is on level 1 of the behavioral management program. This specific behavior management program does not demonstrate any progress toward a goal for R9.

On review of the facility's adult skill training program, the surveyor noted there is multiple discussion of varies topic that may pertain to mental illness and/or every day living issues. This program is scheduled three times a week, for thirty minute a session. These subjects are rotated within a 10 week cycle and repeated again at the end of the tenth week. This is the only facility's program conducted by the facility staff, available for any resident in the facility. This program is scheduled three times a week, for thirty minute a session. This is a total of 120 minutes (1 1/2 hours) for psychosocial program per week. R9's care plan does not address how this particular program will assist R9 in preventing any physical or verbal aggressive behavior.

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F9999	Continued From page 56 2. R4 is a 53 year old resident with a diagnosis of schizophrenia. R4 is an identified offender. The last identified offender risk screening assessment dated 11/03/2009, concluded R4 has not exhibited any behaviors that would prevent him from integrating with population. R4 was listed to attend a day program. On 7/21/2010, according to E4 (PRSD, psychiatric rehabilitative service director) the day program R4 is scheduled to attending was not being conducted due to transportation problems. 7/21/2010, E5 (case manager) reported R4 was attending a day program and the adult skills training group in the facility once a week. R4's care plan last dated and signed 6/23/2010 had no discharge planning preparation for this residents. On 7/22/2010 E4 during a morning (10am) meeting with E1 (administrator) and staff members. The care plan presented with the date of 7/21/2010, recorded R4 needed to improve skills to improve on for discharge. The intervention include but not limited to: educating the resident about skills such as having a budget, seeing a psychiatrist regularly, housekeeping skills, taking and getting medications, etc. However, the care plan does not specify how the facility will deliver these service to R4. 3. R18 is 25 year old resident with a diagnosis of schizophrenia paranoid type. R18's interdisciplinary progress notes for the months of May and June had multiple documentation of the resident being out of the facility 5/21 through 6/01/2010. The notes of 6/22/2010 at 9:15am stated, Talked with resident's medical doctor regarding her pending discharge of 8/01/2010, to	F9999		

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get an order. MD stated that discharge was okay.

R18's care plan with a date of 7/16/2010 does not address the necessary services R18 is to receives for appropriate discharge and psychosocial services post discharge.

4. R8 is 52 year old resident with a diagnosis of schizoaffective disorder. On 7/20/2010 the surveyor visited with R8 while in the room. R8 was noted to have a cast applied to the right hand, extending from the fingers to the lower arm. R8 told the surveyor he attends the morning psychosocial group, three times a week. R8 also indicated it was not much to do.

R8 had an order for the use of Ativan 2mg tab ever 8 hour as need, which was originally order 4/14/2009. According to the medication administration record for April, May, June and July 2010; have increase request from R8 for Ativan. The documented reason for the use of the as needed Ativan was R8 requested the medication for anxiety or agitation.

R8's interdisciplinary progress notes dated 7/21/10 at 4pm stated,"Resident ask about his order for PRN Ativan. Resident stated, I need my medication ativan. It help me to stay calm. It help with my anxiety so I won't hurt any body. It keep's stable.. Resident stated, I know what I need to stay well. I'll let you know when I no longer need Ativan." Interdisciplinary progress notes 7/22/2010 at 7am stated, "Dr.... (psych doctor) inform about Ativan PRN order stated he will see resident on 7/27/2010 to reassess. PRN Ativan order.

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The surveyor found no quantitative documentation of R8's negative behavior associated with the use of this Ativan. The surveyor noted, prior to 7/27/2010 there was no documentation of the usage of the Ativan in the interdisciplinary progress notes, for nursing.

The surveyor found no evidence of any psychosocial education or changes in R8's psychosocial program to address the increased behaviors. R8 had an incident on 6/17/2010 involving a physical altercation with R9. During this incident R8 sustained a boxer fracture of the right ulnar.

5. R10 has a diagnosis of bipolar affective disorder had a minimum data set assessments 2/24 and 5/21/2010 both indicated R10 demonstrated anxiousness, unpleasant mood, verbal abuse and inappropriate behavior. R10's care plan with an onset date 5/21/2010 does not indicate how or when R10 would be receiving services to address the identified problem of R10 calling others names, being unhappy with other residents, saying racial slurs at peers, and throwing coffee. The approaches included but not limited to discussion of away from an agreement, explain how to express, discuss how to calm herself etc.

6. Facility does not have evidence of the coordination of the outside day program and the facility's assessed goal for the following mental ill residents: R1, R2, R3, R15, R21. Examples include but not limited to:

-R15 reported on 7/22/2010 at 1:10pm, he attends a day program twice a week. The surveyor observed R15 in a substance abuse

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program on Wednesday 7/21/2010 at 3pm. Nothing was in the care plan that demonstrate how the facility is coordinating service to address the resident's problem.

-R2 is a resident schedules for day program five times per week, from Monday and Friday. On the days of the survey, R2 was observed in the building between 10am and 11am on 7/19, 7/21 and 7/22/2010. On during each of the observations R2 told the surveyor, he was in the building because he wanted to play bingo. Nothing was in the care plan that demonstrate how the facility is coordinating service to address the resident's problem.

7. R17 is 22 year old resident with a diagnosis of recurrent major depression and a history of hallucations and suicidal thoughts.
R17's pre-screening assessment for mental illness dated 6/22/2010, indicated R17 needed services for substance use/abuse management. The surveyor observed the substance abuse group conducted on 7/21/2010 between 2pm and 3:30pm. R17 was not among the residents present. The list of residents to attend the group, did not have R17's name listed. R17's care plan 7/05/2010 does not address services for R17's substance abuse.

8. R7 is a 49 years old male, who was admitted to the facility on 6/11/10 with multiple dianoses to include Bipolar disorder, single manic episode, paranoid personality disorder and Schizophrenia.

R7's PAS/MH (Pre-assessment screening/Mental Health) Level II Notice of Determination dated 6/11/2010, shows that the resident requires the

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following special services: Professional Observations for medication monitoring, adjustment and/or stabilization; Instrumental Activities of Daily Living training/reinforcement; Mental Health Rehabilitation activities, Illness self management and Community re-integration activities.

During an interview held on 7/20/10 at 2:55 PM, R7 was in bed playing in his computer. R7 stated that the first time he attended a group program in the facility was on 7/12/10. R7 stated that he also attended the group program with E4 (Psychiatric Rehabilitation Service Coordinator) on 7/13/10, 7/16/10 and 7/19/10. Per R7 the facility did not have any group program for him until 7/12/10. R7 stated that he does not do anything but stay in bed and play on his computer because his groups are only about 30 minutes long, three times a week. According to R7, he wants to have more programs/training, so he could go back and leave in the community.

Review of R7's Level of Functioning-skills assessment dated 6/22/10 shows under conclusions and recommendations indicated, "He needs help with cooking, eating meals, paying bills, being aware of his illness, ect." R7's Discharge Potential/Plan and Resident Expectations dated 6/22/10 shows, "He has a goal to leave the facility. Skills he said he needs to develop are being able to physically move." Review of R7's medical records shows that the resident is not on any physical therapy to attain R7's skills needs as assessed in the resident's Discharge Potential.

During an interview held on 7/20/10 at 2:40 PM, E4 was asked what type of program R7 is on. E4

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stated that R7 is on the skills group in-house program. E4 confirmed that R7 have been attaining the skills group in the facility. E4 stated that the in-house skills group are being held 3x/week (every Mondays, Tuesdays and Fridays) for 30 minutes each group. E4 stated that R7's goal is to leave the facility

Review of the facility's adult living skills ten week skills training curriculum shows that R7 had to wait on the third, fourth, sixth, nineth and tenth week for R7's focus problems to be addressed. R7 is scheduled for 90 minutes of structured program per week and R7 does not have any other structured programs in place.

Based on the above information, R7 does not participate in any other specialized rehabilitative programs aside from the skills group which is a 90 minutes per week program. R7 does not have any other psychosocial programming in place to supplement and address the residents identified needs, to help enhance his sense of well-being, to maintain or achieve as much independence and self determination as possible and to eventually reach his goal.

9. R6 is a 52 years old male with multiple diagnoses to include Schizoaffective disorder and Schizophrenia disorganized type.

During an interview held on 7/19/10 at 1:50 PM, R6 stated that he used to attend an out side program, two times a week every Mondays and Fridays from 11AM through 1 PM, but this outside program was cancelled about two weeks ago due to transportation problem. Per R6 the facility just started him on an in-house skills group program starting 7/12/10 which will be held

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every Mondays, Tuesdays and Fridays (for 30 minutes each day). R6 stated that he has nothing to do in the facility but watch television in his room. R6 stated that at times he would attend Bingo or morning walk around the facility but other than that, R6 stated that he would go to the patio and smoke or watch television.

Review of the skills group attendance sheet shows that R6 attended the program on 7/12, 7/13, 7/16, 7/19 and 7/20/10. This indicated that R6 had attended the skills group program since it was started on 7/12/10.

Review of R6's Level of Functioning-skills assessment dated 1/28/10 shows under conclusions and recommendations indicated, "He needs help with medication, meals, finances, housekeeping, etc." R6's Discharge Potential/Plan and Resident Expectations dated 1/28/10 shows, "The resident has a goal of discharge. Skills the resident said he needed to develop is getting up earlier & staying out of trouble. He is not confident he can meet goal."

Review of the facility's adult living skills ten week skills training curriculum shows that R6 had to wait on the sixth, nineth and tenth week for R6's focus problems to be addressed. R6 is scheduled for 90 minutes of structured program per week and R6 does not have any other structured programs in place

Based on the above information, R6 does not participate in any other specialized rehabilitative programs aside from the skills group which is a 90 minutes per week program. R6 does not have any other psychosocial programming in place to supplement and address the residents identified

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needs, to help enhance his sense of well-being, to maintain or achieve as much independence and self determination as possible and to eventually reach his goal.

10. R20 is a 51 years old male with multiple diagnoses to include Schizoaffective disorder and Paranoia.

During an interview held on 7/22/10 at 12:50 PM,inside R20's room, R20 stated that he used to attend an out side program, two times a week every Wednesdays and Fridays, but this outside program was cancelled about two weeks ago due to transportation problem. Per R20 the facility just started him on an in-house skills group program starting 7/20/10 and claimed that he attended the 7/20/10 program and today (7/22/10) was his second attendance. According to R20, he is scheduled to attend the in house skills program 3 x a week, every Tuesdays, Wednesdays and Thursdays at 12:30 PM for 30 minutes each day with E20 (PRSC/ Psychiatric Rehabilitative Service Coordinatior). R20 stated that he is not scheduled on any other program. R20 stated that he stays in his room most of the time and at times would sit at the patio area or walk around the facility.

Review of the skills group attendance sheet shows that R20 attended the program on 7/20 and 2/21/10.

Review of R20's Level of Functioning-skills assessment dated 6/22/10 shows an incomplete assessment with no assessments under the community living activities and Behavioral expression. This level of functioning skills assessment was not complete to include decision

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of focus area and recommended programs for R20. R20's Discharge Potential/Plan and Resident Expectations dated 6/22/10 shows, "Goals are to see daughters and get back to a level of independence. Res. want to work on having better focus and participation in activitys. He is confident in developing skills and independence."

During an interview held on 7/22/10 at 12:40 PM, E20 was asked how the facility determined R20's focus area and what programs are recommended for the resident. E20 responded that it was the physician who gives orders for what type of program the resident should be in. E20 stated that R20 is on the in house skills group. E20 was asked how the facility determined that R20 is appropriate for the in house skills program. E20 stated that, "since resident no longer go to the outside program, we need some therapeutic group to supplement until we ca find another group to place the resident in."

Review of the facility's adult living skills ten week skills training curriculum shows that the program is a multiple topics pertaining to mental illness and everyday living issueswhich is presented in a 10 week cycle.This cycle is repeated at the end of the 10th week and does not go on to a different subject matted, after the resident have successfully achieved their focus areas.

Based on the above information, R20's level of functioning skills assessment was not complete to determine the focus areas and program recommendations for the resident. R20 does not participate in any other specialized rehabilitative programs aside from the in- house skills group which is a 90 minutes per week program. R20

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does not have any other psychosocial programming in place to help enhance his sense of well-being, to maintain or achieve as much independence and self determination as possible and to eventually reach his goal.

11. R19 is a 33 years old male with multiple diagnoses to include Schizoaffective disorder.

During an interview held on 7/19/10 at 10:50 AM,inside R19's room, R19 stated that he used to attend an out side program, two times a week, but this outside program was cancelled about two weeks ago. Per R19 he have not attended any structured program for 2 weeks already. R19 stated that he stays in his room most of the time or go and sit in the patio area, because he is bored and there's nothing to do in the facility.

Review of R19's Level of Functioning-skills assessment dated 11/13/09 shows, "The resident is recommended to continue living in an ICF-MI. He needs help with anger management, coping skills, following regulations, budgeting, etc. R20's Discharge Potential/Plan and Resident Expectations dated 11/13/09 shows, "He has no goals & no skills he wants to improve."

Review of the facility's adult living skills ten week skills training curriculum shows that R19 had to wait on the second, fourth and tenth week for R19's focus problems to be addressed. R19 is scheduled for 90 minutes of structured program per week and R19 does not have any other structured programs in place.

Based on the above information, R19 does not participate in any other specialized rehabilitative programs aside from the skills group which is a

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90 minutes per week program. R19 does not have any other psychosocial programming in place to supplement and address the residents identified needs, to help enhance his sense of well-being, to maintain or achieve as much independence and self determination as possible and to eventually reach his goal.

(B)

Section 300.625 Identified Offenders
h) Facilities shall maintain written documentation of compliance with Section 300.615 of this Part.
i) Facilities must annually complete all of the steps required in subsection (g) of this Section for identified offenders. This requirement does not apply to residents who have not been discharged from the facility during the previous 12 months.
j) For current residents who are identified offenders, the facility shall review the security measures listed in the Criminal History Analysis Report provided by the Department

This requirement was not met as evidence by:

Based on observation, record reviews and interviews the facility failed to follow State agency recommendation report regarding identified offender and failed to individualized the plan of care for 1 resident (R1) out of 5 sampled identified offenders.

Findings include:

R1 is a 54 year old female, originally admitted to the facility on 11/16/1993. R1 has multiple diagnoses to include Paranoid Schizophrenia and Psychotic disorder.

Review of R1's Identified Offender Risk

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F9999	Continued From page 67 Screening Assessment made by the facility PRCS (Psychiatric Rehabilitation Service Coordinator) on 10/22/09 shows a score of "20" indicating that the resident is a low risk. Review of the State agency Identified Offender Program Security Recommendation Report prepared by a Psychiatrist and Psychologist dated 2/6/07 indicated that R1 is high risk. The report indicated that R1 "requires a single room in close proximity to the nursing station to permit ongoing visual monitoring. The level of observation should be sufficient for early detection of behavioral changes. regular assessment is necessary todetermine whether closer monitoring or more frequent individual contact is indicated." Further review of the same report shows, "The following specific considerations were important in arriving at the recommendation: Although past history of murder would not in itself warrant high risk (it happened 25 years ago), 2 violent inccidents were reported as occuring one year ago (E1 (Administrator) interview)." Review of R1's individualized plan of care did not consider the care, supervision and the amount of supervision required for the resident to ensure the safety of all residents, staff and visitors in the facility. Review of the facility room roster indicated that R1 have 2 other female roommates. Observation made on 7/21/10 at 3:25 PM, R28 stated that she and another resident (R29) are roommates with R1. Surveyor observed that R1's room is located on the end of the hallway, far from the nursing station. The facility was informed of this observation and moved R1 to a private room	F9999		