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	345159	A. BUILDING _____ B. WING _____	C 01/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED NURSING & REHABILITATION-LINCOLN	1410 EAST GASTON ST LINCOLNTON, NC 28092

(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 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observations and staff and resident interviews, the facility failed to clean fixtures, maintain walls and floors in good repair for 11 of 40 resident rooms and 1 of 2 common shower rooms and failed to clean a resident's mattress for 1 of 40 mattresses (Resident #88). Findings included: 1. On 01/16/14, commencing at 4:30 PM and concluding at 5:42 PM, interviews with the environmental service director (ESD) and maintenance director and a facility tour were completed. The following environmental concerns were observed: a. in Room 203 B, an oxygen concentrator was noted to have a dusty vent b. in Room 205, on the bathroom ceiling were observed a dusty vent cover and debris and dead bugs collecting in the ceiling light cover c. in Room 213 B were observed a break in drywall behind the head of the bed measuring approximately ½ inch wide by 2 inches long and a loose electrical outlet box d. in Room 212, on the bathroom ceiling were observed a dusty vent cover and debris and dead bugs collecting in the ceiling light cover. On a bathroom wall between two door frames were noted deep scrapes in the drywall	F 253	Room 203B Oxygen concentrator vent was cleaned. Room 202, 205, 206, 212, 304, 312 bathroom vents and ceiling light covers were all cleaned with debris removed. Rooms 210 and 213b the drywall behind the head of the bed was repaired. The electrical outlet box in room 213b has been secured. Room 212 the bathroom wall drywall was repaired. Rooms 202, 304, and 312 stained caulking was removed and new caulking was installed at the base of the toilets. Room 202 bathroom toilet dark stain inside toilet was cleaned. Room 312 bathroom floor was replaced with ceramic tile. Room 408a wallpaper was repaired behind the head of the bed. The 300 hallway shower room drywall and baseboard tile was replaced and new drywall and baseboard were installed. Standing water was cleared. Resident #88 air mattress was cleaned and replaced. The housekeeping staff was re-inserviced by the Executive Director and/or Housekeeping Director on the importance of cleaning the oxygen concentrator vents, bathroom ceiling vents, ceiling light covers, toilet bowls, interior and exterior	2/13/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/10/2014

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F 253	Continued From page 1 e. in Room 210 B, a break in the drywall was noted behind the head of the bed f. in Room 206, on the bathroom ceiling were observed a dusty vent cover and debris and dead bugs collecting in the ceiling light cover g in Room 202, on the bathroom ceiling were observed a dusty vent cover and debris and dead bugs collecting in the ceiling light cover. Brown stained caulking was observed at the base of the toilet and a dark stain ringing the inside of the toilet bowl at water level h. in Room 304, on the bathroom ceiling were observed debris and dead bugs collecting in the ceiling light cover. Brown stained caulking was observed at the base of the toilet i. in Room 312, on the bathroom ceiling were observed debris and dead bugs collecting in the ceiling light cover. Brown stained caulking was observed at the base of the toilet. A jagged section of the sheet flooring in the vicinity of the door jamb measuring approximately 8 inches by 10 inches was missing, exposing the subfloor j. in the Shower Room located on the 300 hallway, drywall covered with baseboard tile, located between a shower stall in use and another used for storage, was easily pushed along the line of baseboard tiles at the floor. Standing water was observed on the floor in the vicinity of this drywall and baseboard tile k. in Room 408 A, wallpaper was observed torn behind the head of the bed On 01/16/14 at 4:30 PM the ESD was interviewed. He stated there was a monthly scheduled deep cleaning of each room which included high dusting. He stated housekeeping staff were expected to use spray bleach or a cleaning solution to clean caulking at the base of toilets and to fill out a maintenance form if the	F 253	toilets, and mattresses. They were also educated on the importance of reporting damaged drywall, wallpaper, floor tiles, and loose electrical box by completing a maintenance request form. The SDC will educate the direct caregivers on using the floor squeeze to clear any standing water and the importance of reporting damaged wallpaper, drywall, floor tiles, and loose electrical boxes by completing a maintenance request form as well as reporting cleaning issues to the housekeeping staff. This education will be reviewed during new hire orientation for all staff. The Housekeeping Director and/or Executive Director will audit 5 rooms 3 times weekly for 4 weeks then 2 times weekly for 4 weeks then weekly thereafter to ensure ongoing compliance in cleaning the oxygen concentrator vents, bathroom ceiling vents, ceiling light covers, toilet bowls, interior and exterior toilets, and mattresses. They will also observe for damaged drywall, wallpaper, floor tiles, standing water, and loose electrical boxes. Data results will be reviewed and analyzed at the monthly Performance Improvement Meeting (PI) for 3 months to monitor compliance. The Executive Director/Housekeeping Director are responsible for overall compliance.	

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caulking could not be cleaned.

On 01/16/14 at 4:57 PM the Maintenance Director was interviewed. He stated he provided monthly reminders to leaders to remind their staff to report maintenance concerns using work order slips place in a box that he checked. He stated dusty ceiling vents were the responsibility of housekeeping staff. He stated cleaning of ceiling light covers was a responsibility of Maintenance and staff would occasionally report these findings. He stated housekeeping staff were responsible for cleaning the vents on oxygen concentrators. The Maintenance Director stated it was a process to patch, sand, prime and paint broken and scraped drywall.

On 01/16/14 at 5:35 PM during inspection of the bathroom floor of room 312, the Maintenance Director was interviewed. He stated that floor tile had been replaced in bathrooms on the 100 and 200 hall and that the 300 hall was next in line for replacement. He stated although flooring had not yet been replaced in the bathroom of room 312, the tear in the sheet flooring should have received a temporary repair until new tile could be installed.

On 01/16/14 at 5:42 PM, the Administrator was interviewed. He stated the findings of the facility environment required attention and remediation.

2. Resident #88 was admitted to the facility on 02/09/12. The most recent Minimum Data Set (MDS) dated 11/22/13 specified the resident had moderately impaired cognitive skills.

On 01/13/14 at 11:00 AM Resident #88 was observed in bed and interviewed. Her mattress

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was noted to be a specialty air mattress that did not require a fitted sheet. Observations of the mattress revealed the rim of the foot of the bed and the left side the mattress had dried spills and stains. The dried spill on the left side of the bed was a large round spill that appeared to be sticky and measured approximately 8 inches wide by 12 inches long. The spills and stains on the foot of the mattress were white and splattered randomly along the mattress. Resident #88 was interviewed about the mattress and reported that it looked "terrible" and added the stains had been there for awhile. She added that housekeeping cleaned her room daily but she had not asked them to clean her mattress.

On 01/15/14 at 10:15 AM housekeeping aide #1 was observed to be Resident #88's room cleaning. She was interviewed during this time and reported that she was responsible for sweeping, mopping and tending to the overall cleanliness of a resident's room. She stated that she did not inspect beds or mattress during her morning rounds. She explained that nurse aides were responsible for checking and changing mattresses and if a mattress needed to be cleaned the nurse aide should alert housekeeping. The housekeeping aide observed Resident #88's bed and reported that the resident had asked to have bed mattress cleaned that morning because of the dried spills. She stated that the mattress was dirty and needed to be cleaned.

During the observation on 01/15/14 nurse aide (NA) #4 was present and stated that she was assigned to care for Resident #88 and had not noticed the dried spills on the mattress. She stated that the resident stayed in bed most of the

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F 253	Continued From page 4 day and that made it difficult to inspect the mattress for stains. On 01/15/14 at 3:45 PM the Environmental Services Director was interviewed and reported that he expected his staff to observe a resident's room in its entirety including mattresses. He added that all housekeeping concerns should be reported to the housekeeping department for them to address. He added that Resident #88's mattress was overlooked and should have been cleaned sooner.	F 253		
F 278 SS=B	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each	F 278		2/13/14

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F 278	Continued From page 5 assessment. Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to accurately code the Minimum Data Set (MDS) to reflect impaired range of motion for 1 of 2 residents reviewed for activities of daily living (Resident #121) and hospice care for 1 of 1 resident reviewed for hospice care (Resident #114). The findings included: 1. Resident #121 was admitted to the facility on 08/10/12 with diagnoses including cerebrovascular accident (CVA) with right sided weakness and left below the knee amputation. An annual Minimum Data Set (MDS) dated 06/19/14 indicated Resident #121 had impairment of his functional range of motion (ROM) of one lower extremity and no impairment of ROM of his upper extremities. Subsequent quarterly MDS assessments dated 09/06/13 and 11/26/13 also noted impairment of Residents #121's functional ROM of one lower extremity and no impairment of ROM of his upper extremities. Review of the Care Area Assessment (CAA) Summary for activities of daily living (ADL) completed with the annual MDS revealed Resident #121 required assistance with ADL due to CVA with right sided weakness and generalized weakness.	F 278	(Resident #121) Minimum Data Set (MDS)has been updated to reflect impaired range of motion. (Resident #114) MDS has been updated to reflect hospice care. A one-time audit will be performed by the admin nurses on current resident population to ensure that the MDS assessments accurately identify the residents with impaired range of motion and hospice care. The District Director of Clinical Operation (DDCO) and/or the District Director of Clinical Management (DDCM) will re-educate the RN Assessment Coordinator to the centers policy and procedure in accurately coding the MDS Assessment. This in-service will be included in the new employee orientation program for newly hired interdisciplinary team members (IDT). The Director of Nursing (DNS), Assistant Director of Nurses (ADNS), and/or the Quality Assurance nurse will assess five residents 2 times weekly times four weeks then weekly X4 to ensure that MDS assessments are coded accurately to identify residents with impaired range of	

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F 278	Continued From page 6 Observations of Resident #121 during an interview on 01/14/14 at 8:31 AM revealed he was unable to voluntarily move his left arm or hand. At one point during the interview he was observed moving his right arm by lifting it up using his left hand. An interview was conducted with the MDS nurse on 01/16/14 at 2:14 PM during which she reviewed Resident #121 last three MDS assessments. The MDS nurse stated she had noted the deficit when she assessed him and confirmed she should have coded him for an impairment of ROM of one upper extremity on all three if his most recent MDS assessments. The MDS nurse further stated the inaccuracies on Resident #121's three MDS assessments were due to a data entry error. 2. Resident #114 was admitted to the facility on 05/15/12 with diagnoses including rectal cancer and vascular dementia. Review of the medical record revealed Resident #114 started to receive hospice care on 06/21/13. Continued review of the medical record revealed a significant change Minimum Data Set (MDS) was completed on 09/26/13 and did not indicate Resident #144 had received hospice care. A quarterly MDS completed on 11/22/13 did not indicate Resident #144 had received hospice care. An interview was conducted with the MDS nurse on 01/16/14 at 4:00 PM during which she reviewed Resident #114's significant change MDS completed on 09/26/13 and quarterly MDS completed on 11/22/13. The MDS nurse thought	F 278	motion and hospice care. Data results will be reviewed and analyzed at the center's monthly Performance Improvement Committee meeting (PI) for 3 months with a subsequent plan of correction as needed.	

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F 278	Continued From page 7 she had completed the significant change MDS after hospice care was initiated for Resident #114 but could not explain why the significant change MDS or the quarterly MDS were not coded for hospice care.	F 278		
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews and record review the facility failed to implement an intervention to prevent the development of a stage I pressure ulcer for 1 of 2 residents reviewed for positioning (Resident #9). The findings included: Resident #9 was re-admitted to the facility on 11/15/13 following a left above the knee amputation. Her diagnoses included neuropathy, diabetes mellitus, and peripheral vascular disease. A document titled "Patient Nursing Evaluation" dated 11/15/13 specified the resident was moderately at risk for developing a pressure ulcer. The most recent Minimum Data Set (MDS) dated 12/14/13 specified the resident moderately	F 314	(Resident #9 stage I pressure ulcer has healed. The order for the bunny boot has been discontinued. Resident #9 care card has been updated to reflect current pressure reduction interventions. An audit was performed by the administrative nurses on current resident population for weekly skin audits and orders for bunny boots to ensure implementation and CNA Care cards are updated to reflect the intervention. The Staff Development Coordinator (SDC) will re-educate the nursing staff to the center's policy and procedures for pressure ulcer prevention to include	2/13/14

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F 314	Continued From page 8 impaired cognitive skills, did not reject care and required extensive assistance with activities of daily living that included bed mobility and transfers. The MDS also specified the resident was at risk for developing pressure ulcers but currently had no pressure ulcers. Resident #9's care plan for skin breakdown updated 12/27/13 specified the resident had potential for alteration in skin integrity related to decreased mobility, decreased sensory perception, diabetes, venous insufficiency and incontinence. Interventions identified on the care plan included: - heels offloaded when in bed as needed Further review of the medical record revealed a physician's order dated 01/10/14 "bunny boot (protective padded foot covering) to right foot when in bed." The following observations of Resident #9 revealed: - On 01/13/14 at 12:30 PM Resident #9 was interviewed in bed. She stated that it was too painful for her to move and that she was bedridden. The resident was noted to have no padding between the bony prominence of her right foot and the mattress. - On 01/14/14 at 3:00 PM Resident #9 was in bed with her right foot resting on the mattress. She was not wearing a bunny boot and had no means for her heel to be offloaded. The resident was interviewed and stated that she needed help turning and repositioning in bed. Resident #9 was asked about the use of a "bunny boot" and reported that she had not been offered the use of	F 314	weekly skin checks and updating the CNA care card. The above-in-service will be included in the new employee orientation for direct caregivers. The Assistant Director of Nurses (ADNS) or the Unit Manager (UM) will monitor five residents 2X weekly X 4 weeks then weekly X 4 to ensure that appropriate skin interventions (bunny boots) and weekly skin checks are implemented and communicated on the CNA care card accordingly. Data results will be reviewed and analyzed at the center's monthly Performance Improvement Committee Meeting (PI) for 3 months with a subsequent plan of correction as needed.	

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a "bunny boot." Observations of the resident's room revealed there was no "bunny boot" available for use.

- On 01/15/14 at 8:45 AM Resident #9 was out of bed and remained out of bed until the lunch meal was served at approximately noon. On 10/15/14 at 2:00 PM Resident #9 was asleep in bed and observed to have no padding between her right foot and the mattress.

On 01/15/14 at 10:35 AM nurse aide (NA) #1 was interviewed and reported that she routinely cared for Resident #9. She stated that since Resident #9 had her amputation she preferred to stay in the bed. She added that Resident #9 required help with turning and repositioning and stayed in the same position most of the day. NA #1 reported that Resident #9 did not use a "bunny boot" or other means for offloading her right foot while in bed. NA #1 explained that she used "care card" that identified specific interventions that residents needed such as "bunny boots" or transfer status. The NA added that Resident #9's heel should be floated when she was in bed but admitted that she had forgotten to do so.

On 01/15/14 at 11:00 AM the Assistant Director Nursing Services (ADNS) was interviewed and reported that residents received weekly skin checks by the nurse. She added that if areas of skin breakdown were observed the nurse was responsible for implementing treatment and interventions and expected to notify the facility's treatment nurse. The ADNS explained that if a nurse wrote an order for the use of "bunny boots" then it was that nurse's responsibility to get the boots from central supply and document the new intervention on the resident's care card to alert staff.

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Resident #9 was observed on 01/16/14 at 8:40 AM in bed without a "bunny boot" or another means to offload her heel.

On 01/16/14 at 10:30 AM NA #2 was interviewed and reported that she was assigned to care for Resident #9 but that she was not familiar with the resident's care needs. She explained that she relied on the nurse and other nurse aide to instruct her on what specific care needs a resident required. NA #2 stated that was not aware Resident #9 required a "bunny boot" while in bed and that she had not offloaded her right foot while the resident was in bed.

On 01/16/14 at 3:00 PM Resident #9 was in bed with her right foot resting on the mattress with no means of padding between her foot and the mattress. Resident #9 gave permission for the treatment nurse to observe her right foot. The treatment nurse removed the resident's sock and noted a new non-blanchable unopened area on the right outer ankle. The treatment nurse was interviewed and reported that the area was a stage I pressure ulcer and that she would notify the physician for treatment orders.

On 01/16/14 at 3:20 PM NA #3 entered Resident #9's room with a "bunny boot." He was interviewed and stated that he was told to bring the boot and apply it to Resident #9's right foot. He added that he was the nurse aide assigned to care for Resident #9 and had not used a "bunny boot" for the resident that week.

On 01/16/14 at 3:30 PM the Quality Assurance (QA) nurse was interviewed and reported that the order to apply a "bunny boot" to the resident's

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F 314	Continued From page 11 right foot should have been written on Resident #9's care card and communicated to nurse aides so they could perform the care. The QA nurse reviewed Resident #9's care card and confirmed there were no instructions to staff to apply a "bunny boot" to the resident's right foot while in bed. The QA nurse also reviewed Resident #9's weekly skin check sheet for the month of January. The weekly skin check sheet was blank. The QA nurse offered no explanation why the skin check sheet was blank but reported that weekly skin checks were assigned to hall nurses and expected to be completed. On 01/16/14 at 4:20 PM the Director of Nursing Services (DNS) was interviewed and reported that the nurse who received the physician's order to apply a "bunny boot" to Resident #9's right foot was responsible for implementing the intervention, documenting on the care card and following-up to ensure the care was provided. The DNS added she expected the "bunny boot" to be in place for Resident #9 to prevent skin breakdown.	F 314		
F 317 SS=D	483.25(e)(1) NO REDUCTION IN ROM UNLESS UNAVOIDABLE Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. This REQUIREMENT is not met as evidenced by:	F 317		2/13/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345159	A. BUILDING _____ B. WING _____	C 01/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED NURSING & REHABILITATION-LINCOLN	1410 EAST GASTON ST LINCOLNTON, NC 28092

(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 317	Continued From page 12 Based on observations, record review, and staff interviews the facility failed to identify and implement interventions for a new contracture for 1 of 2 residents reviewed for range of motion (Resident #34). The findings included: Resident #34 was admitted on 01/13/2010 with diagnoses including dementia and legally blind. A quarterly Minimum Data Set (MDS) completed on 10/14/13 revealed Resident #34 had clear speech, short and long-term memory loss, and was totally dependent on staff with eating. The quarterly MDS dated 10/14/13 also noted Resident #34 had full range of motion (ROM) of her right and left side upper extremities. The quarterly MDS dated 12/24/13 revealed Resident #34 had clear speech, short and long-term memory loss, and required extensive assistance staff with eating. The quarterly MDS dated 12/24/13 also noted Resident #34 had full range of motion (ROM) of her right and left side upper extremities. During an interview on 01/13/14 at 2:41 PM Nurse #2 stated Resident #34 did not have any contractures. An observation of Resident #34 on 01/14/14 at 11:03 AM revealed she was out of bed in a geri chair in her room with her arms resting across her upper body. The fingers of both hands were curled in toward the palm of her hand. When asked if she could extend her fingers Resident #34 extended the fingers of her right hand without difficulty but could only partially extend the fingers of her left hand.	F 317	(Resident #34) is receiving Occupational Therapy related to the left hand contracture. A significant change MDS assessment has been completed to reflect the limitation in the range of motion. The licensed nurses assessed the current resident population for new contractures that were not identified on the previous MDS assessment. New contractures identified through this process will be referred to occupational therapy for evaluation. The DNS and/or SDC will re-educate the licensed nurses and CNAs to the center's policy and procedure for implementing interventions for a new contracture. The above in-service will be included in the orientation program for new licensed nurses and CNAs. The ADNS and/or the DNS will audit 3 residents/records 2X weekly X4 weeks then weekly X4 to assure that new contractures are identified on the MDS assessment and interventions are in place. Data results will be reviewed and analyzed at the center's monthly Performance Committee Meeting (PI) for 3 months with a subsequent plan of correction as needed	

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F 317	Continued From page 13	F 317		

An interview with the Director of Nursing Services (DNS) on 01/15/14 at 4:25 PM revealed residents' ROM was assessed by a nurse during quarterly assessments and also by the MDS nurse when she assessed residents' for their annual, quarterly, or significant change MDS assessments completed quarterly. Resident #34's medical record was reviewed during the interview and no quarterly nursing assessments could be located.

An interview was conducted with the DNS on 01/15/14 at 5:00 PM during which she made observations of Resident #34's hands. Nurse Aide (NA) #5 was also in Resident #34's room at the time of the observations. The DNS asked Resident #34 to extend the fingers of her left hand. Resident #34 partially extended the fingers of her left hand and stated it was hurting her fingers. There were no open areas or redness noted in Resident #34's left palm. The DNS confirmed Resident #34's fingers of her left hand were contracted. NA #5 stated Resident #34's left hand had been contracted for approximately two months but she had not reported this to a nurse.

An interview with the MDS nurse on 01/16/14 at 9:00 AM revealed she assessed residents' ROM quarterly when completing the scheduled MDS assessments. The MDS nurse stated Resident #34 extended the fingers of her left hand without difficulty when she assessed her for the quarterly MDS completed in December 2013.

During a follow up interview 01/16/14 at 8:50 AM the DNS stated nurses were assigned quarterly resident assessments in addition to the quarterly assessments completed by the MDS nurse. The

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KINDRED NURSING & REHABILITATION-LINCOLN	1410 EAST GASTON ST LINCOLNTON, NC 28092

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F 317	Continued From page 14	F 317		

DNS could not explain why Resident #34 did not have any quarterly assessments completed by a nurse in her medical record. The interview further revealed the DNS also expected NAs to report changes in a residents ROM to the nurse so a therapy consult could be ordered.

An interview with NA #6 on 01/16/14 at 10:00 AM revealed she cared for Resident #34 regularly and recalled the fingers on Resident #34's hand had been contracted for at least the last couple of months. NA #6 stated she reported this information to the nurse when she first noticed Resident #34 had trouble opening her left hand approximately two months ago.

On 01/16/14 at 1:50 PM Resident #34 was observed during an evaluation of her left hand by the Occupational Therapist (OT). The OT noted Resident #34's thumb, 2nd finger (middle), and 3rd finger (ring) on her left hand had limited extension ability. When the OT gently extended Resident #34's fingers she reported it hurt pretty bad and rated her pain a "3" on a scale of 1 to 10. Resident #34 deferred having the degree of her finger contractures measured at that time and told the OT she could do this tomorrow. The OT stated she considered Resident #34 a moderate risk for contracture and the goals of the treatment were to increase the ROM and decrease the pain with movement in her left hand and fingers.