PRINTED: 10/17/2013
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345350	A. BUILDING ______ B. WING ______	10/03/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTLAND TERRACE	2300 ABERDEEN BLVD GASTONIA, NC 28054

(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 242 SS=E	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews and record reviews, the facility failed to provide residents with the amount or type of baths/showers that they wanted each week for three of three residents (#223, #222, and #35). Findings included: 1. Resident #223 was admitted to the facility on 09/09/13 with diagnoses which included generalized muscle weakness, difficulty in walking, and dementia. Review of Resident #223's admission Minimum Data Set (MDS) dated 09/27/13 revealed Resident #223 was cognitively intact and was usually able to understand others and usually able to be understood. Resident #223 was totally dependent for bathing and required the assistance of one staff person. Review of the nursing unit's shower schedule revealed Resident #223 was to receive showers on Tuesdays and Fridays. Interview with Resident #223 on 10/01/13 at	F 242	F – 242 483.15 Self Determination – Right to Make Choices An interview was conducted by the DON with Resident #223, #222, and #35 to determine what their bathing preferences are. These preferences are noted on the Resident Status Sheet and on the Initial Plan of Care. The requests address the amount or type of bath/shower they want each week. A member of the Activity Department will interview all of the long term care residents residing at Courtland Terrace to determine if their personal choices are being honored. The residents that want to change the amount or type of baths/showers they receive each week will be given the opportunity to do so. These changes will be noted on the Resident Status Sheet and on the Plan of Care. On admission a Licensed Nurse will consult with the resident about bathing preferences noting the amount or type of bath/showers they want each week. This nurse will be responsible to note these preferences on the Resident Status Sheet and on the Initial Care Plan. An audit tool has been created to monitor this process. New admits will be checked daily x 2 weeks to determine the amount or type of bathing/showers they want. Thereafter, new admits will be checked 3 x a week x 1 month, then 2 x a week x 1 month, then 1 x a week every 2 weeks, then monthly x 3 months. These audits will	10/27/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jackie Mibbael Patterson
TITLE: KHA
(X6) DATE: 10/27/2013

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 242	Continued From page 1 10:49 AM revealed she had not been asked about her shower preferences and had been told on admission she would get 2 showers per week on her scheduled days. Resident #223 stated she had always taken frequent tub baths at home, which eased her sore muscles and alleviated her need for pain medication. Resident #223 stated she was not aware she had the choice to have a tub bath or more frequent showers. Interview with Nurse Aide (NA) #1 on 10/02/13 at 11:21 AM revealed residents received showers twice weekly based on a schedule determined by room number. NA #1 explained residents could receive more showers if they or their family requested. NA #1 reported staff did not inform the residents or family members a change could be requested. Interview with Nurse #1 on 10/02/13 at 3:22 PM revealed residents received twice weekly showers according to the shower schedule. Nurse #1 explained the shower schedule would be changed upon resident or family request. Nurse #1 reported the nursing admission process did not include informing the resident or family member of a choice in frequency of showers. Nurse #1 reported the residents and family members received information related to choices of shower frequency from the office. Interview with the Director of Nursing on 10/03/13 at 9:26 AM revealed she expected nursing staff to inform residents and family members of their ability to request a change in the frequency of showers upon admission to the nursing unit. 2. Resident #222 was admitted to the facility on	F 242	become part of the monthly Quality Assurance and Performance Improvement Program to evaluate effectiveness and ensure compliance.	

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F 242	Continued From page 2 09/17/13 with diagnoses which included generalized weakness, difficulty walking, and spinal stenosis. Review of Resident #222's admission Minimum Data Set (MDS) dated 09/30/13 revealed Resident #222 was cognitively intact and able to understand and to be understood. Resident #222 was totally dependent with bathing and required the assistance of 2 staff persons. Review of the nursing unit's shower schedule revealed Resident #222 was to receive showers on Tuesdays and Fridays. Interview with Resident #222 on 10/01/13 at 7:54 AM revealed she had not been asked about her shower preferences and had been told she would get 2 showers per week on Tuesdays and Fridays. Resident #222 reported she took daily showers at home and because of her frequent incontinence, felt unclean with only 2 showers each week. Interview with Nurse Aide (NA) #1 on 10/02/13 at 11:21 AM revealed residents received showers twice weekly based on a schedule determined by room number. NA #1 explained residents could receive more showers if they or their family requested. NA #1 reported staff did not inform the residents or family members a change could be requested. Interview with Nurse #1 on 10/02/13 at 3:22 PM revealed residents received twice weekly showers according to the shower schedule. Nurse #1 explained the shower schedule would be changed upon resident or family request. Nurse #1 reported the nursing admission process did not	F 242		

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F 242	Continued From page 3 include informing the resident or family member of a choice in frequency of showers. Nurse #1 reported the residents and family members received information related to choices of shower frequency from the office. Interview with the Director of Nursing on 10/03/13 at 9:26 AM revealed she expected nursing staff to inform residents and family members of their ability to request a change in the frequency of showers upon admission to the nursing unit. 3. Resident #35 was admitted to the facility on 07/08/13 with diagnoses which included dementia. Review of Resident #35's admission Minimum Data Set (MDS) dated 07/21/13 revealed an assessment of poor short and long term memory. Resident #35 required the assistance of one person with bathing. Review of the nursing unit's shower schedule revealed Resident #35 was to receive showers on Tuesday and Friday. Interview with Resident #35's family member on 09/30/13 at 3:06 PM revealed Resident #35 preferred daily showers in the past. The family member explained Resident #35 received twice weekly showers at the facility. The family member reported the shower schedule was determined by the facility and there was no offer of a choice in the frequency of showers. If given a choice, the family member reported daily showers would be requested. Interview with Nurse Aide (NA) #1 on 10/02/13 at	F 242		

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F 242	Continued From page 4 11:21 AM revealed residents received showers twice weekly based on a schedule determined by room number. NA #1 explained residents could receive more showers if they or their family requested. NA #1 reported staff did not inform the residents or family members a change could be requested. Interview with Nurse #1 on 10/02/13 at 3:22 PM revealed residents received twice weekly showers according to the shower schedule. Nurse #1 explained the shower schedule would be changed upon resident or family request. Nurse #1 reported the nursing admission process did not include informing the resident or family member of a choice in frequency of showers. Nurse #1 reported the residents and family members received information related to choices of shower frequency from the office. Interview with the Director of Nursing on 10/03/13 at 9:26 AM revealed she expected nursing staff to inform residents and family members of their ability to request a change in the frequency of showers upon admission to the nursing unit.	F 242		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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	F 309	F - 309 483.25 Provide Care/Services for Highest Well Being Resident #222 has been provided with disposable undergarments that fit properly. The resident's skin is intact. Resident status sheet and Plan of Care have been updated to reflect the need for special size disposable undergarments. On admission a Licensed Nurse will assess the new admit to determine if they need	10/27/13 JP 11/4/13

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F 309	Continued From page 5 by: Based on observation, resident and staff interviews and record review, the facility failed to provide proper fitting disposable underclothing, causing a skin injury for 1 of 4 non-pressure skin conditions reviewed (Resident #222). The findings included: Resident #222 was admitted to the facility on 09/17/13 with diagnoses which included obesity, diabetes, spinal stenosis, and generalized weakness. Review of Resident #222's admission Minimum Data Set (MDS) dated 09/30/13 revealed Resident #222 was cognitively intact, able to understand others and able to be understood. Resident #222 was totally dependent for bed mobility, toileting, and personal hygiene, requiring the assistance of 2 staff persons. Observation on 10/01/13 at 8:22 AM was made of the director of nursing (DON) telling the unit secretary to immediately go to the hospital to get size XXL briefs. Interview with Resident #222 on 10/01/13 at 9:53 AM revealed she had told nursing and nurse aide staff when she had been admitted and daily since admission that the disposable briefs they had did not fit her and she needed briefs at least size XXL. Resident #222 stated she had blisters on her skin from the adhesive from the too-small briefs coming loose and sticking to her skin. Resident #222 stated staff had brought her size XXL disposable briefs just earlier that morning, which was the first time since admission the briefs could fit around her without hurting her	F 309	special size disposable undergarments. If special size disposable undergarments are needed they will be ordered along with an appropriate amount of overstock to prevent facility from running out of the products. To ensure that this is not a problem facility wide an audit will be done to determine if the LTC residents are using the correctly sized disposable undergarments. Any change in the needs of these residents will be addressed on the Resident Status Sheet and the Plan of Care. The facility will audit all new admits to ensure that they have been provided with the correct size of disposable undergarments. New admits will be audited daily x 2 weeks, then 3 x a week x 2 weeks, then weekly x 1 month and monthly x 3 months. These audits will become part of the monthly Quality Assurance and Performance Improvement Program to evaluate effectiveness and ensure compliance.	

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F 309	Continued From page 6	F 309		

skin. Resident #222 stated she felt the staff did not listen to her concerns and the sore area on her hip caused her pain and soreness.

Interview with the unit secretary on 10/03/13 at 8:37 AM revealed confirmation that she had been asked by the DON on 10/01/13 at 8:22 AM to go to the hospital pharmacy to get size XXL disposable briefs for Resident #222. The unit secretary reported that the size XXL briefs had not been ordered at that time, but have since been ordered for Resident #222, and she was able to get some for the resident until the ordered briefs were delivered.

Review of Resident #222's care plan revealed she had been identified by facility staff as at risk for skin breakdown related to impaired mobility, incontinence, diabetes, nutritional compromise, and advanced age. Resident #222's care plan also revealed she had been identified by facility staff as at risk of injury related to anticoagulant therapy.

Review of Resident #222's physician medication orders revealed an order dated 09/30/13 for 3 milligrams of the blood thinner, Coumadin, to be administered to Resident #222 once daily.

Review of Resident #222's nursing notes revealed a note dated 09/28/13 by Nurse #2 documenting the observation of a red area on the hip of Resident #222.

Interview with nurse aide (NA) #2 on 10/03/13 at 11:49 AM revealed Resident #222 had shown her the blisters on her hip on 09/30/13, early in the morning, which NA #2 stated had been caused by the use of too-small disposable briefs.

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F 309	Continued From page 7 Interview with administrative secretary on 10/03/13 at 2:27 PM revealed she had been asked by the DON to order size XXXL disposable briefs for Resident #222 on 10/01/13 during the late morning. Interview with Nurse #3 on 10/03/13 at 2:16 PM revealed the 3rd shift nurse on 9/29/13 had reported to her on the morning of 9/30/13 that Resident #222 had a blister-like skin injury on her hip from ill-fitting briefs. Nurse #3 stated she had reported the skin injury to the treatment nurse, who reported the injury to the nurse practitioner. Nurse #3 stated she and the nurse practitioner had examined the skin area and had noted 2 or 3 small fluid-filled little blisters on Resident #222's hip but no treatment had been ordered by the nurse practitioner. Interview with the DON on 10/03/13 at 3:28 PM revealed she had been made aware of the ill-fitting disposable briefs on the morning of 09/30/13, but was unable to locate fitting disposable briefs for Resident #222 until the next day, 10/01/13. Interview with Nurse #2 on 10/03/13 at 5:09 PM revealed she had seen a reddened area on Resident #222's hip on Sunday night, 09/29/13, which she thought was a reaction to the tape from the disposable briefs sticking to the resident's skin instead of the brief material. Nurse #2 stated she had instructed the 3rd shift NAs to keep the tape away from Resident #222's skin. Nurse #2 also stated she had left a note for the treatment nurse to assess the skin wound.	F 309		

Audit
Resident Bathing Preference

Date: __________

Rm #	Resident Name	Bath or Shower?	Day(s)/Time(s) Requested?	Request Honored (y/n)	Bathing Preference Noted on Resident Status Sheet?

Courtland Terrace

Name: ____________ MR#: ____________ Room/Bed# ____________ Adm Date: ____________

Primary Care Physician: ____________ Physician Phone# ____________

INITIAL CARE PLAN

(All Goals to be Achieved within 21 days or less)

Standards: 1) Meds as ordered,2 2) Tx's as ordered,3 3) Diet as ordered

Initiate problem with date and initial. Add detail as needed. To D/C, cross thru with date/initial.

Diagnosis: ____________

Discharge Plan: ____________ Allergies: ____________ Side Rails: ____________

☐ CVA/Stroke Rehab

GOAL: Achieve Rehab functional goals

- ☐
- ☐ Rehab:
- ☐ Grooming/dressing:
- ☐ Bed mobility
- ☐ Dining:
- ☐ Transfer:
- ☐ Walk:
- ☐ Toileting:
- ☐ Splint/Brace
- ☐ ROM:

DATE PROBLEM INITIATED:

☐ Functional/ADL Decline

GOAL: Improve Functional decline to prior statu

- ☐
- ☐ Rehab:
- ☐ Grooming/dressing:
- ☐ Bed mobility
- ☐ Dining:
- ☐ Transfer:
- ☐ Walk:
- ☐ Toileting:
- ☐ Splint/Brace
- ☐ ROM:

DATE PROBLEM INITIATED:

☐ Bladder Training/Foley

GOAL: Achieve optimal continence

- ☐ Maintain infection control practices
- ☐ Encourage fluids:
- ☐ Foley Cath. Care:
- ☐ Toilet type:
- ☐ Scheduled Toileting:
- ☐
- ☐ Bladder Training:
- ☐ R/O cause of incontinence:
- ☐ I&O
- ☐

DATE PROBLEM INITIATED:

☐ Bowel Training/Altered Bowel Elim

GOAL: Establish bowel routine

- ☐
- ☐ Dietary referral:
- ☐ Meds as ordered:
- ☐ Bowel Training:
- ☐
- ☐ Monitor elimination pattern color
- ☐ consistence odor
- ☐
- ☐ .
- ☐ 0

DATE PROBLEM INITIATED:

☐ Discharge Planning

GOAL: Achieve discharge as planned

- ☐ Interview resident
- ☐ Interview family:
- ☐ Arrange Post-discharge plan:
- ☐
- ☐
- ☐
- ☐

DATE PROBLEM INITIATED:

☐ Pressure Ulcer/Skin at Risk

GOAL: Prevent/Heal pressure sores

- ☐ Tx:
- ☐ Preventive:
- ☐
- ☐ Position:
- ☐
- ☐ Supplements:
- ☐ RD ref:

DATE PROBLEM INITIATED:

☐ Pain Management

GOAL: Experience less pain

- ☐ Meds:
- ☐
- ☐ Non-drug interventions:
- ☐
- ☐ Monitor pain q shift
- ☐ Assess pain tolerance:
- ☐

DATE PROBLEM INITIATED:

☐ I.V. Therapy

GOAL: No complications

- ☐ I&O:
- ☐ I.V. Orders
- ☐
- ☐ Weigh every:
- ☐ Monitor for complications:
- ☐
- ☐

DATE PROBLEM INITIATED:

☐ Fracture/Fractured Hip

GOAL: No complications

- ☐ Cast
- ☐ Positioning:
- ☐ Pain:
- ☐ Safety procedures:
- ☐ WBS
- ☐ Rehab:
- ☐
- ☐

DATE PROBLEM INITIATED:

☐ Cancer:

GOAL: Achieve physical & mental Comfort

- ☐ Chemo/Radiation:
- ☐ Hospice:
- ☐ Skin Status:
- ☐ I&O:
- ☐ Weight/Appetite:
- ☐ Complications: fatigue, attitude
- ☐ apprehension, NW:
- ☐ Pain Management

DATE PROBLEM INITIATED:

☐ Anticoagulant Therapy

GOAL: No complications

- ☐ Monitor for S.S bleeding:
- ☐ Protect from injury:
- ☐ Labs/Meds as ordered:
- ☐ Pro times are ordered
- ☐ Safety measures:
- ☐ Monitor BMs
- ☐
- ☐

DATE PROBLEM INITIATED:

☐ Cardiac

GOAL: No complications

- ☐ Assess heart rate B.P. Resps.
- ☐ Diet restrictions:
- ☐ Elevate:
- ☐ O2 at: Sats:
- ☐ Monitor endurance/complications/edema
- ☐ Respiratory Care:
- ☐ Rehab:
- ☐

DATE PROBLEM INITIATED:

Courtland Terrace

Name: ______________ MR#: ______________ *Room/Bed#* ______________ Date: ______________

Primary Care Physician: ______________ *Physician Phone#* ______________

INITIAL CARE PLAN

(All Goals to be Achieved within 21 days or less)

☐ **Amputation: Type:**	☐ **Anemia:**	☐ **Ostomy**	☐ **Feeding Tube**
GOAL: Heal without complications	GOAL: Minimize complications	GOAL: Participate in ostomy care	GOAL: No complications
☐ Assess wound site:	☐ Monitor for complications:	☐ Ostomy protocol:	☐ I&O:
☐ Monitor for depression:	☐ Monitor nutritional intake:	☐ Teach self-care:	☐ T.F. Order:
☐ Rehab:	☐ Labs:	☐ Monitor for complications:	☐ ST. ref:
☐ Nsg Restorative:	☐ V.S. each shift	☐ Monitor for infections at Ostomy site	☐ Assess for placement:
☐ Prosthetic Care:	☐	☐	☐ Free water:
☐	☐	☐	☐
DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:
☐ **Fall/Safety Risk:**	☐ **Seizure Disorder:**	☐ **Infection Alert: Type:**	☐ **URI/Pulmonary disease:**
GOAL: No injury falls	GOAL: Will not injure self or others	GOAL: Resolve infection	GOAL: Resolve
☐ Assess for risk factors to fall	☐ Seizure precautions	☐ Monitor for S.S. for infections:	☐ Lung sounds, resp:
☐ Position alarm:	☐ Meds:	☐ Tx:	☐ Cough status:
☐ Encourage to use call light	☐ Side rails	☐ Wound status/progress monitored	☐ Level of consciousness
☐ PT Ref:	☐	☐ Respiratory status/progress monitored	☐ Tx:
☐ Instruct on safety measures:	☐	☐ Other:	☐ Suction:
☐ Adaptive Device:	☐	☐ VS every shift	☐ O2
☐ Low Bed	☐	☐ Infection Control:	☐ Respiratory Care:
DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:
☐ **TPN Therapy**	☐ **Respiratory/Tracheostomy**	☐ **G.I. Disorder**	☐ **Terminal Care**
GOAL: No complications	GOAL: Maintain patent airway	GOAL: Decreased symptoms	GOAL: Death with dignity
☐ Monitor for infection and complications	☐ Lung sounds/cough sounds/Resp.	☐ Nutrition	☐ Meds;
☐ Line type:	☐ O2	☐ Meds:	☐ One-to-one
☐ Flow rate:	☐ Suction:	☐ Bowel sounds:	☐ Hospice:
☐ TX protocol	☐ Meds:	☐ Monitor BMs for consistency, color, odor	☐ Pain Management:
☐ Monitor nutrition:	☐ Respiratory Care:	☐ I&O:	☐ Comfort Measures:
☐ I&O:	☐ Vent Care Protocol:	☐	☐ Treatment:
☐	☐	☐	☐
DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:

Courtland Terrace

Name: ______________ MR#: ______________ *Room/Bed#* ______________ Date: ______________

Primary Care Physician: ______________ *Physician Phone#* ______________

INITIAL CARE PLAN

(All Goals to be Achieved within 21 days or less)

☐ Renal Failure With Dialysis	☐ UTI Alert	☐ Diabetic Alert	☐ Nutrition Altered
GOAL: Experience no complications	GOAL: Resolve	GOAL: No complications	GOAL: Achieve desired weight/nutrition
☐ Weigh:	☐ I&O	☐ Meds:	☐ Intake/Appetite:
☐ Assess for S.S. infection & hypovolemia	☐ Status of continence:	☐ Diet:	☐ Diet:
☐ Observe for S.S. bleeding	☐ Meds/S.E.	☐ Monitor S/S hypo/hyperglycemia	☐ Weigh:
☐ Dialysis schedule:	☐ Urine color, frequency, burning	☐ Glucose scan as ordered:	☐ S.T. Ref.
☐ No BP in Shunt arm	☐	☐ Labs as ordered:	☐ Determine likes/dislikes:
☐	☐	☐	☐ Supplements:
☐	☐	☐	☐
☐	☐	☐	☐
DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:
☐ Dehydration/Risk	☐ Behavior Symptom	☐ Psychotropic Drug Use	☐ Mood Symptoms
GOAL: Consume adequate fluids	GOAL: Fewer Symptoms	GOAL: Benefit without side effects	GOAL: Decreased symptoms
☐ I&O	☐ Redirect by:	☐ Monitor for S.E.	☐ Activities:
☐ Determine likes/dislikes	☐ Assess Internal Contributors	☐ Assess for non-drug interventions	☐ Depression Scale:
☐ Offer fluids between meals:	☐ Assess External Contributors:	☐ Trial reduction:	☐ Meds:
☐ Monitor for dehydration:	☐ R/O Delirium	☐ Pharmacist: Ref:	☐ Likes to:
☐ Specific Gravity	☐	☐ Monitor Behavior or Mood Symptoms	☐ S.S. one-to-one
☐	☐	☐	☐
☐	☐	☐	☐
DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:
☐ Nausea and Vomiting	☐ Physical Restraints	☐ Communications Decline	☐ Delirium Present
GOAL: Resolve	GOAL: Experience no complications	GOAL: Increase ability to communicate	GOAL: Resolve Acute Condition
☐ Intake	☐ Assess for Alternatives	☐ Comm. Techniques:	☐ Meds:
☐ Monitor for dehydration	☐ Restraint reduction initiated:	☐ S.T. ref:	☐ R/O for acute illness/Labs:
☐ Documentation frequency, amount,	☐ Restraint order:	☐ Evaluate hearing loss:	☐ Orient PRN
☐ Color/consistency of emesis	☐ Alternatives:	☐ Check ears for wax:	☐ Assess for pain/constipation/UTI
☐ Meds:	☐	☐ Nursing Restorature:	☐
☐	☐	☐	☐
☐	☐	☐	☐
DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:

Courtland Terrace

Name: ______ MR#: ______ Room/Bed# ______ Date: ______

Primary Care Physician: ______ Physician Phone# ______

INITIAL CARE PLAN

(All Goals to be Achieved within 21 days or less)

Cognitive Decline	Vision Altered	Skin Condition (non-decub)	Psychosocial Well-being
GOAL: Establish daily routine	GOAL: Participate in ADLs to optimal Level	GOAL: Resolve	GOAL: Excess Satisfaction
☐ Task Segments	☐ Verbal Cues	☐ Treatment	☐ Orient to facility
☐ Cue as needed	☐ Meds	☐ Monitor for infection	☐ Activities
☐ Reality orientation PRN	☐ Eye exam	☐ Preventive	☐ One-to-one Social Service
☐ Offer choices	☐ Wears	☐ Positioning	☐ Customary routine
☐ Visual Cues	☐ Post Surgical Care	☐	☐
☐ Involve in daily decisions	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:

Dental Problems	Activity Pursuits Altered	☐	☐
GOAL: Resolve	GOAL: Activities as desired until discharged achieved	GOAL:	GOAL:
☐ Meds/Tx's	☐ Introduce to Activities offered	☐	☐
☐ Monitor appetite	☐ Interview to interests	☐	☐
☐ Access oral cavity	☐ Evaluate time available	☐	☐
☐ Evaluate need for dental exam	☐ for activities	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐		☐	☐
DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:

☑ BATHING/SHOWER	☐	☐	☐
~~GOAL~~: REQUESTS	GOAL:	GOAL:	GOAL:
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:	DATE PROBLEM INITIATED:

NURSE SIGNATURE ______ DATE: ______

Audit
New Admit Resident Briefs

Date: ___________

Rm #	Resident Name	Size Determined on admission S, M, L, XL XXL, XXXL	Size Available in Supply Closet (y/n)	Resident Wearing Appropriate Size?

Audit
Long Term Resident Briefs

Date: ___________

Rm #	Resident Name	Size Determined on admission S, M, L, XL XXL, XXXL	Size Available in Supply Closet (y/n)	Resident Wearing Appropriate Size?

Audit
Short Term Resident Briefs

Date: ___________

Rm #	Resident Name	Size Determined on admission S, M, L, XL XXL, XXXL	Size Available in Supply Closet (y/n)	Resident Wearing Appropriate Size?