

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155827	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Sage Bluff Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4180 Sage Bluff Crossing Fort Wayne, IN 46804	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>46818</p> <p>Based on interview and record review the facility failed to report elopement in a timely manner for 1 of 1 residents reviewed. (Resident 199)</p> <p>Findings include:</p> <p>Resident 199's record was reviewed on 11/07/2024 at 10:15 AM. Diagnoses included cognitive communication deficit, muscle weakness, and dependence on renal dialysis.</p> <p>A review of Resident 199's current quarterly MDS indicated their BIMS (Basic Interview for Mental Status) score was 10 (moderately impaired).</p> <p>A review of progress notes dated 10/26/2024 4:59 PM indicated the 200 hall door alarm was heard, Resident 199 was observed on the sidewalk outside, and staff immediately assisted resident back into facility. Resident 199 stated he was going to find his sister, was then given snacks and placed in a visible area.</p> <p>In an interview on 11/07/24 at 10:15 AM, the Administrator indicated the incident was not reported to the Indiana State Department of Health until 10/28/2024</p> <p>A current policy dated 11/07/2024 provided by the Administrator indicated facilities are required to report incidents within 24 hours of occurrence to the Long Term Care Division.</p> <p>3.1-28 (c)</p>

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155827	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Sage Bluff Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4180 Sage Bluff Crossing Fort Wayne, IN 46804	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>44531</p> <p>Based on interview and record review, the facility failed to ensure non-pharmacological interventions were attempted before administering (PRN) as needed pain medication for 1 of 2 residents reviewed (Resident 5).</p> <p>Findings include:</p> <p>A record review began on 11/6/24 at 9:41 AM for Resident 5. Diagnoses included unspecified dementia, mild with psychotic disturbance.</p> <p>A review of the physician orders indicated to give Percocet (oxycodone-acetaminophen)-Schedule II tablet; 5-325 milligrams (mg); 1 tablet oral severe pain 7-10. Do not exceed 3 grams/24 hours every 8 hour- as needed (PRN) start date 9/10/2024.</p> <p>There were no other physician orders to indicate non-pharmacological interventions were to done before administering the PRN medication.</p> <p>A review of the current care plan, edited on 10/17/2024, indicated the focus was: Resident 5 has pain/potential for pain related to color cancer, fibromyalgia. The Goal was: the resident (capitalize only if the identifier follows the word resident) will verbalize reduction of pain through next review date. The approach was: Handle gently and try to eliminate any environment stimuli. Monitor and record any complaints of pain: location, frequency, effect on function, intensity, alleviation factors, aggravating factors. Monitor and record any non-verbal signs of pain: crying, guarding, moaning, restlessness, grimacing, diaphoresis, withdrawal. Position for comfort with physical support as necessary.</p> <p>There were no personalized care plans related to non-pharmacological interventions for Resident 5.</p> <p>A review of vitals sign- pain scale indicated the following:</p> <p>The last recorded pain rate was dated 7/13/2024: 0 of 10.</p> <p>A review of the Medication Administration Record indicated the following:</p> <p>Dated August 2024: On the following dates PRN (as needed) pain medication was given: 8/6, 8/14, 8/19, 8, 25. On 8/6, 8/14, and 8/19, the MAR did not indicate non-pharmacological interventions were attempted before administering the PRN pain medication. 8/25 indicated non-pharmacological interventions were attempted and were not successful.</p> <p>Dated September 2024: On the following dates PRN pain medication was given: 9/3, 9/7, 9/8, 9/16, 9/21, 9/25, 9/26. There was no documentation to indicate non-pharmacological interventions were attempted before administering PRN.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155827	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Sage Bluff Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4180 Sage Bluff Crossing Fort Wayne, IN 46804	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dated October 2024: On the following dates PRN pain medication was given: 10/9, 10/10, 10/23. There was no documentation to indicate non-pharmacological interventions were attempted before administering PRN.</p> <p>A review of the progress notes from 7/1/24 to 11/6/24 indicated there was no documentation to indicate attempts of non-pharmacological interventions were made.</p> <p>In an interview, on 11/06/24 at 10:25 AM, the Director of Nursing (DON) indicated, the staff are supposed to be attempting non-pharmacological interventions and documenting. If there is no documentation in the progress notes then non pharmacologic attempts weren't documented.</p> <p>A current facility policy, Pain Management policy, dated 8/1/2024, was provided by the DON on 11/6/24 at 12:11 PM. The policy indicated .Pharmacological and non-pharmacological interventions used in the past to address pain and the efficacy of such interventions. This will include use of opioids and any history opioid use disorder (OUD) and/or medication assisted treatment for OUD .Non-pharmacological intervention(s) will be attempted prior to the administration of PRN pain medications. If non-pharmacological intervention(s) fail(s) then when multiple PRN medications are available with corresponding intensity ratings, the resident will be administered the medication ordered for the corresponding pain rating within the PRN order</p> <p>3.1-37(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155827	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Sage Bluff Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4180 Sage Bluff Crossing Fort Wayne, IN 46804	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>45243</p> <p>Based on interview and record review the facility failed to ensure communication with dialysis center for 1 of 2 patients reviewed. (Resident 30)</p> <p>Findings include:</p> <p>A record review for Resident 30 began on 11/01/24 at 09:42 AM. Resident 30's diagnoses included dependence on renal dialysis, hepatic encephalopathy, kidney failure, cirrhosis of the liver, and general weakness.</p> <p>Resident 30's orders included- Dialysis communication tool completed and sent with resident (dated 8/29/24) , Dialysis Monday, Wednesday, and Friday (dated 5/11/24), renal diet (dated 5/13/24), and Check fistula every shift (dated 5/17/24).</p> <p>The dialysis communication book was reviewed. Within the book the current orders, emergency contact, and care plan were present, as well as blank communication forms. Within the book the following documentation was discovered:</p> <p>Dated 9/19/24, a communication form from End-Stage Renal Disease Disease Network Program) IPRO with the section blank from nursing home center related to resident mental status. From the dialysis center the section of amount of fluid removed, meal consumption, and any medications given were not completed.</p> <p>Dated 9/20/24, an observation tool form from Sage Bluff, section from nursing home not completed included significant alerts/communication, needs meal, needs snack, n/a, diet, fluid restriction, amount allowed per day, dialysis chair cleaned. The section from dialysis center not completed included time of discharge, and fluid removed.</p> <p>Dated 9/23/24, an observation tool form from Sage Bluff, section from nursing home not completed included significant alerts/communication, needs meal, needs snack, n/a, diet, fluid restriction, amount allowed per day, dialysis chair cleaned. The section from dialysis center not completed included time of discharge, pre dialysis weight, post dialysis weight, fluid removed, most recent vital signs, labs drawn, follow up orders, appointments made, medications/treatments given at dialysis, significant alerts/communication, and dialysis nurse signature.</p> <p>Dated 9/23/24, a communication form from End-Stage Renal Disease Disease Network Program) IPRO with the section blank from nursing home was blank From the dialysis center the section of updated doctor orders, did dietician make any recommendations, did social worker make recommendations, food/fluid consumed during dialysis, meal consumption, vascular access condition, and dialysis nurse signature.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155827	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Sage Bluff Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4180 Sage Bluff Crossing Fort Wayne, IN 46804	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dated 9/25/24, an observation tool form from Sage Bluff; section from nursing home not completed included significant alerts/communication, needs meal, needs snack, n/a, diet, fluid restriction, amount allowed per day, dialysis chair cleaned. The section from dialysis center not completed included time of discharge, pre dialysis weight, post dialysis weight, fluid removed, most recent vital signs, labs drawn, follow up orders, appointments made, medications/treatments given at dialysis, significant alerts/communication, and dialysis nurse signature.</p> <p>Dated 10/02/24, an observation tool form from Sage Bluff; section from nursing home not completed included significant alerts/communication, needs meal, needs snack, n/a, diet, fluid restriction, amount allowed per day, dialysis chair cleaned. The section from the dialysis center not completed included time of discharge, labs drawn, follow up orders, appointments made, medications/treatments given at dialysis, significant alerts/communication, and dialysis nurse signature.</p> <p>Dated 10/04/24, an observation tool form from Sage Bluff; section from nursing home not completed included significant alerts/communication, needs meal, needs snack, n/a, diet, fluid restriction, amount allowed per day, dialysis chair cleaned. The section from dialysis center not completed included fluids removed, labs drawn, follow up orders, appointments made, significant alerts/communication, and dialysis nurse signature.</p> <p>Dated 10/09/24, an observation tool form from Sage Bluff; section from nursing home not completed included significant alerts/communication, needs meal, needs snack, n/a, diet, fluid restriction, amount allowed per day, dialysis chair cleaned. The section from the dialysis center was completed entirely.</p> <p>Dated 10/11/24, an observation tool form from Sage Bluff was completed other than was dialysis chair cleaned. The section from the dialysis center was without documentation.</p> <p>Dated 10/14/24, an observation tool form from Sage Bluff; section from nursing home not completed included significant alerts/communication, needs meal, needs snack, n/a, diet, fluid restriction, amount allowed per day, dialysis chair cleaned. The section from dialysis center was not completed; the dialysis center communication portion was blank.</p> <p>Dated 10/16/24, an observation tool form from Sage Bluff; section from nursing home not completed included significant alerts/communication, needs meal, needs snack, n/a, diet, fluid restriction, amount allowed per day, dialysis chair cleaned. The section from dialysis center was not completed; the dialysis center communication portion was blank.</p> <p>Dated 10/18/24, an observation tool form from Sage Bluff; section from nursing home not completed included significant alerts/communication, needs meal, needs snack, n/a, diet, fluid restriction, amount allowed per day, dialysis chair cleaned. The section from dialysis center was not completed; the dialysis center communication portion was blank.</p> <p>Dated 10/21/24, an observation tool form from Sage Bluff; section from nursing center included significant alerts/communication and dialysis chair cleaned. The diet section indicated resident was on a regular diet. The section from the dialysis center was completed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155827	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Sage Bluff Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4180 Sage Bluff Crossing Fort Wayne, IN 46804	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dated 10/23/24, an observation tool form from Sage Bluff; section from nursing home not completed included significant alerts/communication, needs meal, needs snack, n/a, diet, fluid restriction, amount allowed per day, dialysis chair cleaned. The section from the dialysis center was completed.</p> <p>Dated 11/04/24, an observation tool form from Sage Bluff; section from nursing home not completed included significant alerts/communication, needs meal, needs snack, n/a, diet, fluid restriction, amount allowed per day, dialysis chair cleaned. The section from dialysis center was not completed; the dialysis center communication portion was blank.</p> <p>In an interview on 11/06/24 at 12:49 PM, the Director of Nursing (DON) and Regional Nurse Consultant; the DON indicated the forms should have been filled out in their entirety. The Regional Nurse Consultant indicated when dialysis did not return forms completed, the dialysis center should have been contacted and information requested. The request should have been documented in Resident 30's chart.</p> <p>A policy and procedure titled Hemodialysis Care Policy, dated 6/16/17 last revised 8/24/23 provided by the DON on 11/6/24 at 2:19PM; indicated . Communication between the dialysis provider and facility staff will occur before and after each hemodialysis treatment and as needed .</p> <p>3,1-37(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155827	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Sage Bluff Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4180 Sage Bluff Crossing Fort Wayne, IN 46804	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p>45243</p> <p>Based on observation, interview, and record review the facility failed to manage behaviors for 1 of 8 residents reviewed. (Resident 40).</p> <p>Findings include:</p> <p>During an observation, on November 1, 2024, at 9:31AM, Resident 40 was pbserved grabbing at the Administrator's wrist while he was standing in the hall speaking and walking with her. The Administrator then held her hand and continued to walk with her down the hall. This behavior was not documented.</p> <p>During a continuous observation and interviews, on November 4, 2024, from 7:02AM through 8:11AM, during 300 hall medication pass; observed Resident 40 grabbing the right wrist of Resident 14 more than 10 times. Resident 40 grabbed Resident 14's inner right thigh once while in the presence of the Licensed Practical Nurse (LPN4). LPN 4 did not intervene to prevent Resident 40 from grabbing Resident 14.</p> <p>The observation occurred at the end of 300 hall within eyesight of the nursing desk with several various staff sitting, as well as coming and going from the area. The two residents were sitting at a table within arm's reach of each other; at a 90-degree angle. Resident 40 was in a wheelchair and visibly able to manipulate and move without difficulty. Resident 14 was in an anti-tilt wheelchair with breaks locked, pulled up to the table, with nothing in her lap, facing the wall. There was nothing on the table and no activities. Resident 14's shoulders curved in, her body leaned forward slightly, and her hands were kept in a C shape position.</p> <p>Resident 40 continued to reach over and grab Resident 14's right inner wrist and at times was pulling the arm near her while talking to Resident 14. The right wrist grabbing occurred 6 times prior to escalating to right inner thigh grabbing. The behavior was redirected by staff after the behavior was pointed out to them.</p> <p>In an interview, on November 1, 2024 at 8:15 AM, Resident 40 explained she was working with Resident 14 on her mobility during these behaviors and making progress. Resident 40 showed pride in Resident 14's perceived progress. Resident 14 did not make any sound, movement, or pull away during these interactions. During this interview Resident 40 indicated Resident 14 loved to be touched, especially in specific places. Resident 40 used her hand to indicate an area on her thighs.</p> <p>During Resident 14's medication administration by LPN 4; Resident 40 reached over and grabbed Resident 14's inner right thigh above the knee. Resident 14 immediately turned her head to Resident 40. Resident 14's face was grimaced and angry in presentation. Resident 14 did not make any noise or say any words.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155827	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Sage Bluff Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4180 Sage Bluff Crossing Fort Wayne, IN 46804	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>LPN 4 redirected Resident 40 to keep her hands to herself and respect Resident 14's personal space. Resident 40 removed her hand from Resident 14's inner thigh. Resident 40 went on to grab Resident 14's right wrist more than 4 additional times with verbal redirections following each grab given by LPN 4. During an attempted grab LPN 4 offered Resident 40 her own hand to hold and Resident 40 refused. LPN 4 attempted to ask Resident 14 twice if she consented to having Resident 40 holding her hand and Resident 14 did not answer despite being given extended periods of time to form words.</p> <p>During an interview, on November 1, 2024 at 8:24 AM, LPN 4 indicated Resident 14 was mainly nonverbal and slow to move most of the time. LPN 4 indicated Resident 14 did speak a few words intermittently. LPN 4 explained Resident 14's speech was slow and soft. LPN 4 indicated Resident 14 could not purposefully move in the wheelchair throughout the facility and would be unable to move away Resident 40 on her own.</p> <p>During an observation, on November 1, 2024 at 8:25 AM, LPN 4 assessed Resident 14's wrist and indicated it was bruised. LPN 4 was unable to find prior documentation of bruising noted. LPN 4 indicated Resident 40 did not mean any harm to Resident 14 and therefore did not consider the hand holding a behavior.</p> <p>A record review for Resident 40 began on 11/01/24 at 10:26 AM. Resident 40's diagnoses included dementia and depression.</p> <p>Resident 40's Minimal Data Set (MDS) assessment, dated 10/14/24, indicated the following:</p> <p>Under Section C Brief Interview for Mental Status (BIMS) her mental status score was a 3, the score of 3 indicated severe cognitive decline.</p> <p>Under Section E Behavior indicated a score of zero to indicate Resident 40 had no behaviors. The assessment was scored zero for the question of physical behavior of physical behavior towards others (e.g. hitting, kicking, scratching, grabbing, abusing others sexually).</p> <p>Resident 40's care plan did not directly address behaviors.</p> <p>A record review for Resident 14 began on 11/06/24 at 09:41 AM. Resident 14's diagnoses included osteoporosis, degenerative disease, dementia, muscle weakness, and dysphagia.</p> <p>Resident 14 was care planned for ADL function status with a goal of. Resident will show no decline in function to bilateral lower extremities as evidenced by ability to rotate feet in and out, move feet up and down, rotate legs up and down. The care plan clearly indicated Resident 14 had issues with mobility.</p> <p>Resident 14 was care planned for Skin Integrity approaches included pressure reducing cushions to wheelchair, pressure reducing mattress to bed, and handle resident with care. The care plan clearly indicated Resident 14 had issues with skin integrity.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155827	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Sage Bluff Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4180 Sage Bluff Crossing Fort Wayne, IN 46804	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview, on November 4, 2024, at 1:39PM, the Director of Nursing (DON), indicated Resident 40 had no behavior tracking due to the fact she had no behaviors. The DON indicated the bruising on Resident 14's right wrist should have been documented in physician ordered weekly skin assessments. The DON indicated the bruising was from a blood test performed on 10/16/24, 19 days prior to the observation of behavior and bruising.</p> <p>In an interview on 11/6/24 at 12:46PM, the DON and the Regional Nurse Consultant indicated the behavior was overlooked as handholding and no harm or ill intent was intended.</p> <p>A policy and procedure titled, 'Behavior Management Program dated 3/1/2013 and last revised on 5/15/24, provided by the Administrator on November 7, 2024 at 9:08AM indicated .The Facility will assess and track a behavior(s) that negatively impacts each resident in regards to their quality of life .</p> <p>3.1-43(a)(1)</p>		