

## Case Study of Ms. Marjorie Kelly, Resident 2

On June 6, XXXX, at 4:00 p.m., surveyor observed Resident 2 at the doorway to her room and the resident was calling out, "I need help." Two CNAs (CNA 5 and 8) passing the door told her they would be back in a few minutes to help. Surveyor observed them to tell the charge nurse at the nursing station they were going on break and would return later. After knocking at Resident 2's door and introductions, Resident 2 said to come in. She was flushed, breathing rapidly, wringing her hands and she said, "Was it you who said you would be back to help me? I am so upset, I can't find a thing, you know I can't see, and someone stole my sweater. I had it on my chair, and now it is gone. I want to call the police."

The surveyor told Resident 2 her sweater was at the foot of her bed. Resident 2 then retrieved the sweater and put it on, mumbling, "I know someone is coming in here and rummaging through my things, they are never where I put them."

### Record review

Resident 2 was admitted to the facility on May 6, XXXX (one month ago). The admission history revealed the following diagnoses: insulin dependent diabetes, peripheral vascular disease and diabetic retinopathy. She has a physician order of 400 mg of Trental with food two times a day and Humulin 70/30 insulin 10 units once a day. She has been blind for 15 years. She had functioned fairly independently with the help of her husband at home until he died 3 months prior to admission. She has no children but does have relatives and friends. She is independent in ADLs with set up and is supervised in bathing for safety. The resident is 87 years old, 4 feet and 11 inches tall and weighs 90 pounds.

The MDS (5/20/XXXX) contained the following information:

- Section D - (1) vision is severely impaired
- Section G - ADL Support: independent in all ADLs, needing only set-up assistance for bathing and personal hygiene.
- Section I - diagnoses of (1a) diabetes mellitus, (1j) peripheral vascular disease, and (1kk) diabetic retinopathy
- Section N - (3b) preferred day/activity room, (3d) preferred outside
- Section O - (3) receives injections

The following information was recorded in the care plan dated 2 weeks ago:

- Read the activity newsletter to the resident daily so she can select what she wishes to attend;
- Provide escort to activities of choice;
- ADLs - independent in dressing but needs help with clothing selection; provide set up assistance for bathing and personal hygiene;
- Orient resident to location of her personal items, layout of her room, and layout of the facility. Maintain resident's personal items in the location of her choosing to foster maintenance of independence.

There is no indication in the record that the resident was oriented to her room or to the facility.

On June 7, XXXX at 10:30 a.m. surveyor observed Resident 2 sleeping in her chair in her room. At 12:30 p.m. the resident did not finish her lunch, but went to rest on her bed.

On June 7, XXXX at 2:00 p.m. during an interview, Resident 2 stated, "I'm afraid to go anywhere unless someone takes me. I used to get around in my apartment just fine, as I knew where everything was. Nobody has shown me around here. I heard on the loudspeaker there was a sing-along, but I couldn't go because no one came to get me. In fact, I told my nurse I would like to attend some of the things they do here but no one has taken me to anything since I came here. The girls don't knock before they come in and that scares me. They move some of my things around and then I can't find them. Sometimes I get so scared of all the noises and commotion because I don't know where the noises are coming from. I'm bored. My husband used to get me books on tape, but I don't know how to get them here. I'd like to spend some time sitting in the sun. I have learned some Braille. But I only have this one book in Braille. Do you know where I can get another?"

On June 7, XXXX at 4:00 p.m. the activity director stated, "I've been too busy since I assessed her to get her started in activities. I'll see if the CNAs could help her get to some activities."

On June 7, XXXX at 4:30 p.m. the social worker stated, "I have not met with her (Resident 2) yet. I didn't know that she was upset about not being able to find things, receiving books on tape, or getting to activities. It wasn't reported to me that she wasn't shown around the facility. I thought Nursing did that on admission."

On June 8, XXXX at 8:30 a.m., the surveyor heard loud noises coming from the resident's room and heard her calling out for help. As the surveyor approached the room, CNA 5 was overheard to ask Resident 2 why she didn't just turn on her call light. Resident 2 replied, "Someone moved it after breakfast, and I don't know where it is." The surveyor knocked on the open door, entered the room with Resident 2's permission and observed that Resident 2 was feeling around in the bathroom and said that she was looking for her hairbrush and toothbrush. CNA 5 removed the items from a plastic container in Resident 2's dresser drawer and gave them to the resident. She told Resident 2 that she would be back to dress her later. CNA 5 then left the room. Resident 2 then said to the surveyor, "You know, I can help myself, but I don't know where things are. Many times I have asked whichever nurse aide who comes in that day to put my things on top of my dresser and my clothes on the chair where I can find them, but most of the aides just do what they please. Most of them tell me to wait until they can help me. I don't need help, I just need to be shown where things are. I hate having to ask people to do things that I can do for myself."

On June 8, XXXX at 11:00 a.m., the surveyor observed Resident 2 in her room in her nightgown and robe, in bed with her eyes closed.

On June 8, 2000 at 2:45 p.m. CNA 5, stated, "I usually take care of [Resident 2]. I put her resident down for a nap at 2:30 p.m. I always straighten my residents' rooms, hang up their

clothes and put away care items so the next shift knows where to find them. She is always putting her stuff in the bathroom on the countertop and it gets cluttered. It doesn't look very neat, and I get into trouble if I leave my residents' rooms messy. I always get her stuff out when I give her care. The resident is getting very grumpy lately. She's slow, so I help her with her grooming or I would never finish all my work before I leave."

On June 9, XXXX at 8:00 a.m. the DON stated that Resident 2 "is getting more and more agitated and she is constantly telling staff that someone is stealing her personal things, when the staff had replaced them where they belonged." The DON continued, "We admit the residents, get their clothes arranged and check their medications, admission orders, vital signs and other routine things. There is so much going on at admission. My staff doesn't have the time to tour the facility with the family and resident. We expect the social worker to show the resident and their families around. That isn't our responsibility."

**Deficiency Citation**  
**Case Study of Ms. Marjorie Kelly**  
**(Accommodation of Needs)**

TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 246 S/S=D	<p>42 CFR 483.15(e)(1) <u>Accommodation of Needs</u></p> <p>A resident has the right to (1) reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health and safety of the individual or other residents would be endangered.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to consider the needs of one resident (R2) with a visual deficit in the sample of 20 regarding set up and the location of personal belongings in the resident's room and the facility failed to orient the resident to the facility so that she could independently leave her room.</p> <p>Findings include:</p> <p>According to record review, R2 was admitted on 5/06/XXXX with a diagnosis of diabetic retinopathy. R2's admission records dated 5/06/XXXX revealed that R2 had been blind for 15 years but had functioned independently and well at home with the help of her husband until he died 3 months prior to admission. The Minimum Data Set (MDS), dated 5/20/XXXX revealed independence in all activities of daily living (ADLs) with set-up assistance for bathing and personal hygiene and eating. R2's care plan included approaches to orient the resident to the location of personal items, layout of the resident's room, and layout of the facility; to maintain R2's personal items in a location of her choosing so she can maintain independence; and to provide escort to desired activities. On 6/06/XXXX, at 4:00 p.m., R2 was observed looking for a sweater. R2 was flushed, breathing rapidly, and wringing hands. R2 said, "Was it you who said you would be back to help me? I am so upset, I can't find a thing, you know I can't see and someone stole my sweater. I had it on my chair, and now it is gone. I want to call the police."</p> <p>R2 is alert and oriented according to the MDS and observation. In an interview with R2 on 6/07/00 at 2:00 p.m., R2 stated, "I'm afraid to go anywhere unless someone takes me. I used to get around in my apartment just fine, as I knew where everything was. Nobody has shown me around here. I heard on the loudspeaker there was a sing-along, but I couldn't go because no one came to get me. In fact, I told my nurse I would like to attend some of the things that they do here but no one has taken me to anything since I came here. They move some of my things around and then I can't find them. Sometimes I get so scared of all the noises and commotion because I don't know where the noises are coming from."</p>

TAG	SUMMARY STATEMENT OF DEFICIENCIES
	<p>During an interview with the social worker on 06/07/XXXX, the social worker stated that she had not met with R2 yet. She did not know the resident was upset about not being able to find things, or getting to activities. She did not know that the resident had not been oriented to the facility.</p> <p>R2 was observed on 6/08/XXXX at 8:30a.m. calling for help. When asked why the resident did not use the call light, the resident stated, "Someone moved it after breakfast and I don't know where it is." The resident then went to the bathroom to look for her hairbrush and toothbrush. "I can help myself, but I don't know where my things are. Many times, I have asked the nurse aide who usually comes in every day to put my things on top of my dresser and my clothes on the chair where I can find them, but she never does. She tells me to wait and she'll help me. I hate having to ask people to do things that I can do for myself."</p> <p>During an interview on 6/08/00 at 4:30 p.m., the Certified Nursing Assistant (CNA) 5, who normally cared for R2, said that she always cleaned this resident's room and put away the resident's belongings." CNA 5 further stated that R2, who lately is getting very grumpy, leaves clothes on chairs and items on countertops and it looks cluttered, so the CNA cleans up the room.</p> <p>During an interview on 6/9/XXXX, the director of nursing (DON) stated that it was the job of the social worker to show the residents and their families around. The DON stated that R2 is getting more and more agitated and the resident was constantly telling staff that someone was stealing personal items, when the staff had replaced them where they belonged.</p>