

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155781	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/17/2014
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NAME OF PROVIDER OR SUPPLIER MORNINGCREST NURSING AND MEMORY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 915 S 27 ST SOUTH BEND, IN 46615
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 15, 16, and 17, 2014</p> <p>Facility Number: 012199 Provider Number: 155781 AIM Number: 200989880</p> <p>Survey Team: Shauna Carlson, RN - TL Julie Baumgartner, RN Shelly Miller-Vice, RN Sharon Ewing, RN Pam Williams, RN</p> <p>Census bed type: SNF: 9 Total: 9</p> <p>Census payor type: Medicare: 4 Other: 5 Total: 9</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on January 23, 2014, by Brenda Meredith, R.N.</p>	F000000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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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F000226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review, the facility failed to follow policy and procedure for screening of new employees for 1 of 5 employee records reviewed. (CNA #1)</p> <p>Findings include:</p> <p>On 1-17-14 at 1:45 P.M., review of the record for CNA (Certified Nursing Assistant) #1, hired 7-15-13, indicated there was only 1 reference check done at the time of hire.</p> <p>On 1-17-14 at 2:25 P.M., interview with the Administrator indicated it was facility policy to complete 2 references with every new employee.</p> <p>On 1-17-14 at 2:45 P.M., review of the "Abuse Prevention and</p>	F000226	<p>F- 226 1. What corrective action(s) will be accomplished for those residents found to be affected by this deficient practice;. All department managers have been reeducated on the required documents to be included in the employee files including 2 reference checks from previous employers or one personal reference if no other employment is indicated.2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents have the potential to be affected by this deficient practice. All newly hired employee files will be review by the appropriate manger to assure that all appropriate forms have been completed. The individual responsible for the HR function will complete a second review of the employee file prior to filing. 3. What measure will be</p>	02/06/2014
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F000246 SS=D	<p>Reporting Policy", received from the Administrator on 1-17-14 at 2:00 P.M., indicated "...Applicants will have employment references...validated prior to employment to determine if any past history exists relative to their employment history and competency..." Review of the "Employment Policy at this time, received from the Administrator on 1-17-14 at 2:25 P.M., indicated "...Each applicant will be screened for a history of abuse, neglect or mistreating residents. This includes requesting information from previous employers, and checking with appropriate licensing boards and registries and at least two references verified in writing and maintained in the employee personnel file..."</p> <p>3.1-28(a)</p> <p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p>		<p>put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The individual responsible for the employee files will complete an audit of all new hires monthly. The administrator will review the audit for compliance. 4. All employees files will be reviewed monthly during our monthly quality meeting. The QA will be reviewed to assure that all required documents are in the employee file .</p>	
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	<p>Based on interview and record review, the facility failed to ensure individual preferences were accommodated for a resident who wanted to choose when to get up in the morning. This affected 1 out of 1 resident's reviewed for choices. (Resident #29)</p> <p>Findings include:</p> <p>On 1/16/14 at 2:47 A.M., interview with Resident #29 indicated she did not choose when to get up in the morning. She indicated she got up around 6:00 A.M. but her preference would be to get up at 9:00 A.M.</p> <p>Record review of the Resident-Data Collection (Admission) for Resident #29, dated 1/2/14, indicated the following: Section titled Sleeping lacked documentation to indicate usual bed time, usual arising time and nap time.</p> <p>On 1/17/14 at 9:09 A.M., record review indicated Resident #29 was admitted to the facility, on 01/02/14, with diagnosis, including but not limited to: mild hypokalemia, anemia, hypertension, constipation, gastroesophageal reflux disease, osteoporosis, osteoarthritis, fall risk, tobacco abuse in remission, hearing</p>	F000246	<p>F-246 1. What corrective action(s) will be accomplished for those residents found to be affected by this deficient practice; A revised Resident Data Collection Record was completed to indicate the residents preferences. 2. How other residents having the potential to be affected by this same deficient practice will be identified and what corrective action(s) will be taken; An Audit was completed for the current resident population. Those residents who did not have their preferences indicated were interviewed if possible or their family members were interviewed to determine preferences. A revised Resident Data Collection Record was completed with current preferences. Also, the Activity Director will now include resident preferences in her initial activity assessment for all new admits after 2/6/2014. 3. What measures will be put into place or what systemic changes will be made to ensure that this deficient practice does not recur; The DON will review each new admission to assess if preferences were identified. The resident s preferences will be identified on the care sheets to ensure that staff is aware of those preferences. 4. Admissions will be reviewed at our monthly clinical meeting and trends or patterns identified will be addressed. If no trends or</p>	02/06/2014	

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	<p>impairment, psychosis and dementia.</p> <p>On 1/17/14 at 11:30 A.M., interview with DON (Director of Nursing) indicated the section titled "Sleeping" on the Resident-Data Collection (Admission) was not filled out. She indicated they (the facility) encourages resident's to get up for breakfast, and that when she (the DON) gets to the facility around 8:00 A.M. sometimes the resident is up already.</p> <p>On 1/17/14 at 2:24 P.M., interview with Administrator indicated his expectation is that the data collection tool used upon admission is filled out at the time of admission.</p> <p>On 1/17/14 at 2:30 P.M., interview with Activity director indicated that she conducts an activity assessment close to the time of the MDS (Minimum Data Set Assessment). The activity director indicated if they, (the resident being interviewed) are able to tell her how important it is to go to bed, get bathed, and when to get up in the morning "...I guess I could pass that along to the nursing staff, but once I pass it on it's up to them to do it...."</p>		<p>patterns are identified after 6 months the QA will be discontinued.</p>				

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F009999 SS=D	<p>3.1-3 (v)(1)</p> <p>3.1-14 PERSONNEL</p> <p>(s) Professional staff must be licensed, certified, or registered in accordance with applicable state laws or rules.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure appropriate licensure for 1 CNA. (CNA #2)</p> <p>Findings include:</p> <p>On 1-17-14 at 2:00 P.M., review of the record for CNA (Certified Nursing Assistant) #2, hired 9-16-13, indicated there was no evidence of licensure in the file. Interview with the Administrator at this time indicated the facility was not able to find evidence that CNA #2 had ever received a license, he had been hired into their sister facility on</p>	F009999	F- 9999 1. What action(s) will be accomplished for those resident found to be affected by this deficient practice; The employee was terminated.2. How other residents having the potential to be affected by this same deficient practice will be identified and what corrective action(s) will be taken; All residents have the potential to be affected by this deficient practice. An audit was completed of current employees to determine if all current employees had certifications in their files. None found to be missing.3. What measure will put into place or what systemic changes will be made to ensure that the deficient practice does not recur; A 'policy has been developed that indicates only Certified C.N.A.'s will be hired.4. How will the corrective action(s) will be monitored to ensure the deficient practice will not recur what quality assurance programs will be put in place; Only Certified C.N.A. will be hired.	02/06/2014			

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	<p>9-16-13 but transferred to this building in January of 2014.</p> <p>On 1-17-14 at 3:00 P.M., review of the CNA schedule, received from the Administrator at this time, indicated CNA #2 had worked the following shifts: 1-2-14: 16 hours (2 P.M. to 6 A.M.) 1-8-14: 8 hours (10 P.M. to 6 A.M.) 1-9-14: 16 hours (2 P.M. to 6 A.M.) 1-11-14: 8 hours (10 P.M. to 6 A.M.) 1-13-14: 8 hours (10 P.M. to 6 A.M.)</p> <p>On 1-17-14 at 3:10 P.M., review of the "Employment Policy, received from the Administrator on 1-17-14 at 2:25 P.M., indicated "...Each applicant will be screened for a history of abuse, neglect or mistreating residents. This includes requesting information from previous employers, and checking with appropriate licensing boards and registries...."</p>				