

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155665	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/17/2014
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NAME OF PROVIDER OR SUPPLIER JENNINGS HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 701 HENRY ST NORTH VERNON, IN 47265
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F000000	<p>This visit was for the Investigation of Complaint IN00159795.</p> <p>Complaint IN00159795 - Substantiated. Federal/state deficiencies related to the allegations are cited at F312.</p> <p>Survey dates: December 16 and 17, 2014</p> <p>Facility number: 010996 Provider number: 155665 AIM number: 200232210</p> <p>Survey team: Jennifer Carr, RN - TC</p> <p>Census bed type: SNF/NF: 116 Total: 116</p> <p>Census payor type: Medicare: 17 Medicaid: 70 Other: 29 Total: 116</p> <p>Sample: 5</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by Jennings healthcare Center of tthe facts alleged or conclusion set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal law.Jennings HealthCare respectfully requests desk review r/t the most serious deficiencies to be one that comprises a pattern that constitutes no actual harm with potential for more than minimal harm.</p>	

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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F000312 SS=E	<p>Quality Review completed on December 24, 2014, by Brenda Meredith, R.N.</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview and record review, the facility failed to maintain good grooming and personal hygiene for 4 of 7 residents observed for Activities of Daily Living (Residents B,C, D, and E).</p> <p>Findings include:</p> <p>1. On 12/16/2014 at 12:01 p.m., Resident B was observed sitting in his wheelchair in the hallway. His long hair was observed to be uncombed, oily in appearance, with multiple white flakes on his scalp, throughout his hair, and on the</p>	F000312	<p>1. The hygiene needs were reviewed of Residents B, C, D and E. Resident B received a hair cut and an order for Medicated Shampoo and Nail Care. Resident C received a Hair Cut and nailcare was provided. Resident D received an order for Medicated Shampoo and nailcare was provided. Resident E received nailcare. 2.All Residents have the potential to be affected by this citation. All Residents have been assessed for proper hygiene needs and appropriate action taken.3. Systemic change is Bath/Shower Schedule will be monitored in clinical meeting for proper grooming, nail care and</p>	01/16/2015	

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	<p>back and shoulders of his green sweatshirt. His beard and facial hair was untrimmed, unshaven, with stubble on his chin. There was a thick, yellow, caked-on substance throughout his scalp and hair line. His fingernails were observed to be approximately 1/4 inch in length with a thick, brown-black caked substance under all fingernails. He indicated that his shower days were Saturday and Wednesday and stated, "They're getting that way [regarding the length of his nails]."</p> <p>On 12/17/2014 at 1:07 p.m., Resident B was observed sitting up in his bed. His hair appeared wet and was neatly combed. He indicated that he had a shower earlier in the day. His beard and facial hair remained unshaven and unkempt in appearance. His fingernails were observed to be unchanged from the previous observation, approximately 1/4 inch in length with a thick, brown-black caked substance under all fingernails. He indicated that his nails were not trimmed.</p> <p>LPN # 1 was interviewed on 12/17/2014 at 1:15 p.m. She indicated that residents' nails were trimmed on shower days and that licensed nursing staff was responsible for trimming the nails of residents with diabetes.</p>		<p>hair cleanliness. all Diabetic Residents nail care will be completed and documented on their individual Treatment Record. The DCS and or Designee in serviced Nursing Staff on Citation F312.4. DCS and or designee will audit 8 Residents 5 x weekly x 4 weeks, 3 x weekly x 4 weeks then weekly x 2 months varying shifts to ensure proper hygiene status, ongoing compliance will be monitored quarterly in QA. 5. The findings will be brought to monthly Quality Assurance Performance Improvement Committee meetings.6. Date of Compliance 1/16/15.</p>				

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	<p>Resident B's record was reviewed on 12/17/2014 at 1:30 p.m. Diagnoses included, but were not limited to, diabetes, bilateral below the knee amputations, psychosis, and hypertension. 12/12/2014 Quarterly Minimum Data Set (MDS) assessment indicated a Brief Interview for Mental Status (BIMS) score of 14; indicating the resident was cognitively intact. The resident required extensive, one-person physical assist for personal hygiene.</p> <p>2. Resident C was observed on 12/16/2014 at 12:20 p.m. self-propelling himself in his wheelchair through the C hall of the facility. He was observed to have 5 corn kernels scattered on his sweatshirt. He was unshaven and his hair was uncombed and standing up in all directions. His fingernails were observed to be over-grown, extremely jagged, yellow-brown in color, with a brown, caked substance under most fingernails.</p> <p>On 12/17/2014 at 1:12 p.m., Resident C was observed in his bed. He was unshaven and his hair was uncombed. His fingernails were observed to be over-grown, extremely jagged, yellow-brown in color, with a brown, caked substance under most fingernails.</p> <p>Resident C's record was reviewed on</p>			

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	<p>12/17/2014 at 2:30 p.m. Diagnoses included, but were not limited to, lupus, depressive disorder, and schizophrenia. Quarterly MDS assessment, dated 10/8/2014, indicated a BIMS score of 14; indicating the resident was cognitively intact. The resident required 1-person physical assist for personal hygiene.</p> <p>3. Resident D was observed in the main dining room of the facility on 12/16/2014 at 11:40 a.m. Her hair was observed to be uncombed, matted, oily in appearance, with multiple white flakes on her scalp and throughout her hair. Her fingernails were observed to be approximately 1/4 inch in length with a thick, yellow-brown-black caked substance underneath.</p> <p>On 12/17/2014 at 1:05 p.m., Resident D was observed sitting in her Geri-chair (reclining wheelchair) in the D hallway, several doors down from her room. She was observed to have lettuce and other pieces of food on her pants and shirt. Her hair was observed to be uncombed, matted, oily in appearance, with multiple white flakes on her scalp and throughout her hair. Her fingernails were observed to be approximately 1/4 inch in length with a thick, yellow-brown-black caked substance underneath.</p>						

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	<p>Resident D's record was reviewed on 12/17/2014 at 2:48 p.m. Diagnoses included, but were not limited to, Alzheimer's disease, anxiety disorder, depression, and psychotic disorder.</p> <p>10/21/2014 Quarterly MDS assessment indicated a BIMS score of 1; indicating the resident was severely cognitively impaired. The resident required extensive, 2+ person assist for personal hygiene.</p> <p>4. Resident E was observed in the main dining room of the facility on 12/16/2014 at 11:40 a.m. Her hair was observed to be uncombed, matted, and oily in appearance. Her fingernails were observed to be over-grown with a thick, brown-black caked substance under most of her fingernails.</p> <p>Resident E was observed on 12/17/2014 at 1:10 p.m. in her bed. Her fingernails were observed to be over-grown with a thick, brown-black caked substance (clearly observed not to be food) under most of her fingernails.</p> <p>LPN # 1 was interviewed on 12/17/2014 at 1:15 p.m. She indicated that residents' nails were trimmed on shower days and that licensed nursing staff was responsible for trimming the nails of</p>			

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	<p>residents with diabetes. LPN # 1 indicated Resident E scoops her food up with her fingers and, "We are constantly washing her hands."</p> <p>Resident E's record was reviewed on 12/17/2014 at 2:45 p.m. Diagnoses included, but were not limited to, hypertension, urinary incontinence, anxiety, and depression. 10/14/2014 Quarterly MDS assessment indicated a BIMS score of 3; indicating the resident was cognitively impaired. She required extensive, 2+ person physical assist for personal hygiene.</p> <p>The Director of Nursing (DON) provided a current copy of Bathing/Showering Policy and Procedure on 12/17/2014 at 2:47 p.m. The policy indicated, "Policy: Assistance with showering and bathing will be provided at least twice a week and PRN [as needed] to cleanse and refresh the resident...." The policy did not include any information on washing or combing/grooming residents hair.</p> <p>The DON provided a current copy of Care of Nails Policy and Procedure on 12/17/2014 at 2:47 p.m. The policy indicated, "Policy: Clinical Services personnel will administer nail care in order to provide cleanliness and prevent infection....May soak one hand in basin</p>			

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	<p>half full with warm water if needed. Trim fingernails. Clean nails with orange wood sticks...."</p> <p>The DON provided a current copy of Shaving Residents on 12/17/2014 at 2:47 p.m. The policy indicated, "Policy: Residents requiring assistance will be shaved or beard trimmed by self or nursing personnel to ensure personal hygiene...."</p> <p>On 12/17/2014 at 4:32 p.m. the DON indicated, "There is no policy [related to shampooing or combing hair]. It's all in the shower one."</p> <p>This Federal tag related to Complaint IN00159795.</p> <p>3.1-38(a)(3)(B) 3.1-38(a)(3)(D) 3.1-38(a)(3)(E)</p>						