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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155606 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>04/04/2012 |
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| F0000              | <p>This visit was for the Investigation of Complaint numbers IN00104662 and IN00105908.</p> <p>Complaint number IN00105908- Unsubstantiated due to lack of evidence.</p> <p>Complaint number IN00104662- Substantiated. Federal/State deficiencies related to the allegations are cited at F 312.</p> <p>Unrelated deficiencies are cited at F 253 &amp; F 353.</p> <p>Survey dates: April 3rd and 4th, 2012</p> <p>Facility number: 000497<br/>Provider number: 155606<br/>AIM number: 100291530</p> <p>Survey Team:<br/>Leia Alley, RN, TC<br/>Dinah Jones, RN<br/>Patty Allen, BSW<br/>Marcy Smith, RN</p> <p>Census bed type:<br/>SNF/NF: 100<br/>Total: 100</p> <p>Census payor type:</p> | F0000         | <p>This plan of correction is submitted under Federal and State regulations and status applicable to long term care providers.</p> <p>This plan of correction does not constitute an admission of liability on the part of the facility and such liability is hereby denied.</p> <p>The submission of this plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are cited correctly.</p> <p>Please accept this plan as our credible allegation of compliance.</p> <p>Westside Village Health Center respectfully requests paper compliance for this survey.</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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|   | <p>Medicare 29<br/>Medicaid: 32<br/>Other: 39<br/>Total: 100</p> <p>Sample: 10</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 4/8/12<br/>Cathy Emswiller RN</p> |   |   |                      |   |

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| F0253<br>SS=E   | <p>483.15(h)(2)<br/>HOUSEKEEPING &amp; MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>Based on interview, the facility failed to maintain a proper functioning and sanitary shower area for the "100 Hall Unit". This had the potential to affect 38 residents that resided on that unit and received assistance showering and bathing.</p> <p>Findings Include:</p> <p>During an interview with Employee's # 4, 7 and 8, on 4/4/12 at 4:00 p.m., they indicated the drain of the shower will drain, however they will use bath sheets and bath towels on the floor to soak up water and will use a "squeegee" to sweep the rest of the water into the drain because it does not work properly.</p> <p>During an interview with the Maintenance Director and Facility Administrator on 4/4/12 at 4:15 p.m., they both indicated the shower area on the "100 Hall Unit" had a drain that was not draining as it should be. They indicated that the water runs away from the drain instead of towards the drain. The Maintenance Director indicated he had placed a call just prior to the interview to obtain a bid</p> | F0253   | <p><b>F 253 Housekeeping &amp; Maintenance Services</b> Corrective action for the residents found to have been affected by the deficient practice: Shower room on the 100 unit was immediately taken out of services for resident showers on 4/4/12. Signage posted on Shower door and staff educated on 4/4/12 by unit manager on the non-use and alternate place for residents on 100-unit shower. None of the 38 residents on 100 hall had any negative outcomes and their care needs had been met. 2. <b>Corrective action taken for those residents having the potential to be affected by the same deficient practice:</b> Resident's residing on 100 hall are being showered in alternate environment. Each of these residents are receiving the necessary services to maintain good grooming and personal hygiene. 3. <b>Measures/systemic changes put into place to ensure the deficient practice does not recur:</b> In service and education was given to the maintenance director and clinical staff on 4/4/12 by unit manager to ensure 100 hallway shower will not be utilized until repaired and signage will remain posted on the</p> | 04/27/2012           |   |

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|   | (cost of repair) to get the drain fixed. They also indicated that they were aware of an issue with the drain, however had no other bids from any other company's.<br><br>3.1-19(f) |   | shower door that shower is out of service until completion of the shower room floor. An approved Capital Expenditure Request was approved on 4/13/12 for the repair and replacement of the 100-unit shower room floor area. Contractor has ordered tile and will start project on April 23. Residents residing on 100 unit will receive showers on 300 unit during the construction. Residents residing on 300 unit in rooms 301-313 and rooms 320-331 (25 rooms total) will continue to receive showers in their rooms. Residents in 200 unit will continue to receive showers in the 200-unit shower room. 4.<br><b>Correction actions to be monitored to ensure the deficient practice will not recur</b> Maintenance Director/designee will monitor the construction / repair project of the 100 unit shower room during daily environmental rounds. Shower room on 100 unit will be secured / locked for safety of residents and staff during the construction process. Shower room on 100 unit will be available for service after Maintenance Director has determined the shower area drains appropriately and water no longer drains away from the drain. Audits to ensure each shower room is operational/ functioning will be conducted by the Maintenance Director/Designee 3 times a week x 4 weeks, then monthly x 3 |                      |   |

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|   |  |   | months, then quarterly x 3 or until 100% compliance and 100 hall shower room is completed. Daily audits by maintenance director/designee will be completed to ensure 100-unit shower room is secured and locked for safety of residents until 100-unit shower room is completed. Maintenance Director/Designee /ED will present findings from the shower room audit and safety audit to the Performance Improvement Committee for further review and recommendations. <b>5. Date of Compliance</b> April 27, 2012. |                      |   |

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| F0312<br>SS=E   | <p>483.25(a)(3)<br/>ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>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.</p> <p>Based on observation, interview and record review the facility failed to ensure residents needing assistance with bathing received showers on a regular basis for 7 of 9 residents reviewed for receiving showers in a sample of 9. (Residents #A, #B, #C, #F, #G, #H and #I)</p> <p>Findings include:</p> <p>1. The record of Resident #A was reviewed on 4/3/12 at 11:45 a.m.</p> <p>Diagnoses for Resident #A included, but were not limited to, heart failure, chronic obstructive pulmonary disease and Alzheimer's disease.</p> <p>Resident #A was admitted to the facility on 2/29/11.</p> <p>A review of an 3/5/12 admission assessment tool (Minimum Data Set [MDS]) on 4/3/12 at 1:40 p.m. with MDS Coordinator #1 indicated Resident #A was cognitively intact and needed the physical support of 1 person for bathing.</p> | F0312   | <p><b>1) Corrective action for the residents found to have been affected by the deficient practice:</b></p> <ul style="list-style-type: none"> <li>-Upon review of the shower sheets and or skin sheets on April 6 th , 2012 for resident's A, B, C, F, G, H, and I none of the residents in question had any evidence to assume they had a negative change in condition therefore indicating that their care needs had not been met.</li> </ul> <p><b>2. Corrective action taken for those residents having the potential to be affected by the same deficient practice:</b></p> <ul style="list-style-type: none"> <li>-100% audit of shower sheets compared to the shower schedules was completed by nursing administration by April 9 th , 2012 to ensure residents are receiving the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</li> </ul> <p><b>3.</b></p> <ul style="list-style-type: none"> <li>-In-servicing and education will be completed by April 27 th , 2012 by Nursing Administration and the Executive Direct to address the importance of the policy</li> </ul> | 04/27/2012  |  |   |  |

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|   | <p>Review of a care plan dated 2/27/12 indicated Resident #A was "Unable to complete ADL's. (activities of daily living) The goal was "Personal hygiene ...needs are met..." and an intervention was that she needed an assist of 1 for bathing.</p> <p>Review of a Daily Care guide, received from the 300 hall Unit Manager on 4/3/12 at 11:20 a.m. indicated Resident #A was scheduled to receive 2 showers per week.</p> <p>During an interview with Resident #A on 4/31/12 at 11:50 a.m. she indicated she was not getting showers unless she asked for them.</p> <p>Review of shower records for Resident #A on 3/3/12 at 2:00 p.m. with the 300 hall Unit Manager indicated the following:<br/>3/9/12: received bed bath<br/>3/12/12: resident refused<br/>3/23/12 shower<br/>3/27/12: shower<br/>3/29/12: shower</p> <p>2. The record of Resident #F was reviewed on 4/3/12 at 12:15 p.m.</p> <p>Diagnoses for Resident #F included, but were not limited to, chronic obstructive pulmonary disease, bipolar disorder and</p> |   | <p><b>expectations of meeting the residents needs, to include bathing/showers/turning and repositioning/incontinence care and any other reasonable care needs the resident may have.</b></p> <p><b>4.</b></p> <p><b>-Unit Managers/Designee will review the bathing sheets in conjunction with the shower schedule (5) five times weekly until a threshold of 100% x 90 days to ensure the bathing needs are being met. Social Services and or department managers will conduct random interviews of five (5) residents and or residents' responsible parties five (5) times a week for 90 days to identify any resident care issues. Any concerns identified will be logged in the facility resident concern log with the appropriate action and follow up as indicated. The resident concern log will be reviewed daily Monday through Friday at the daily stand up meeting for completion. The Executive Director and or designee will follow up with each resident or responsible party to ensure their concerns have been resolved. The findings will be taken to PI monthly x 12 months. The PI committee will determine the need for further audits and the plan will be updated as</b></p> |   |  |   |  |

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|   | <p>weakness.</p> <p>Resident #A was admitted to the facility on 2/29/12.</p> <p>A review of an 3/7/12 initial Minimum Data Set on 4/3/12 at 1:40 p.m. with MDS Coordinator #1 indicated Resident #F was cognitively intact and needed the physical support of 1 person for bathing.</p> <p>Review of a care plan dated 3/13/12 indicated Resident #F "Has ADL Self-Care Deficit" and needed assistance with bathing.</p> <p>Review of a Daily Care guide, received from the 300 hall Unit Manager on 4/3/12 at 11:20 a.m., indicated Resident #F was scheduled to receive 2 showers per week.</p> <p>During an interview with Resident #F on 4/3/12 at 1:30 a.m. she indicated she was "very upset" because she was not getting showers.</p> <p>Review of shower records for Resident #F on 3/3/12 at 2:00 p.m. with the 300 hall Unit Manager indicated the following:<br/>3/2/12: received shower<br/>3/4/12: shower<br/>3/6/12 shower<br/>3/14/12: shower<br/>3/26/12: shower given by therapy staff</p> |   | <p><b>indicated.</b></p> <p><b>-Date of Compliance April 27 th , 2012</b></p> <p><b>Correction actions will be monitored to ensure the deficient practice will not recur:Measures/systemic changes put into place to ensure the deficient practice does not recur:</b></p> |   |  |   |  |

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|   | <p>3/30/12 shower given by therapy staff</p> <p>3. The record of Resident #G was reviewed on 4/3/12 at 12:35 p.m.</p> <p>Diagnoses for Resident #G included, but were not limited to, fracture neck of femur with total hip replacement, high blood pressure and pain.</p> <p>Resident #G was admitted to the facility on 3/9/12.</p> <p>A review of a 3/16/12 admission MDS on 4/3/12 at 1:40 p.m. with MDS Coordinator #1 indicated Resident #G was cognitively intact and needed the physical support of 1 person for bathing.</p> <p>Review of a care plan for Resident #G dated 3/16/12 indicated she needed assistance with bathing.</p> <p>During an interview with Resident #G on 4/3/12 at 12:35 p.m. she indicated she has only had a shower once a week since she was admitted. She indicated she would like to get showers more often because her feet don't get washed enough. She indicated "I think the staff is just too busy."</p> <p>Review of shower records for Resident #G on 4/3/12 at 2:00 p.m. with the 300</p> |   |   |   |  |   |  |

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|                    | <p>hall Unit Manager indicated the following:</p> <p>3/12/12: received shower<br/>3/21/12: received shower<br/>3/28/12: received shower</p> <p>4. The record of Resident #H was reviewed on 4/3/12 at 1:10 p.m.</p> <p>Diagnoses for Resident #H included, but were not limited to, chronic obstructive pulmonary disease and syncope and collapse.</p> <p>Resident #H was admitted to the facility on 3/19/12.</p> <p>Review of an initial MDS dated 3/26/12 for Resident #H indicated she was cognitively intact and needed assistance with bathing.</p> <p>Review of a care plan for Resident #H dated 3/19/12 indicated she needed assistance with bathing.</p> <p>During an interview with Resident #H on 4/3/12 at 1:45. p.m. she indicated she was not getting offered many showers. She indicated the staff told her they were "short of help." She indicated she did not get them more than once a week and she had only had 2 since she was admitted.</p> |               |   |                      |

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|                    | <p>Review of shower records for Resident #H on 4/3/12 at 2:00 p.m. with the 300 hall Unit Manager indicated the following:</p> <p>3/21/12: resident refused shower<br/>3/29/12: received shower<br/>4/2/12 received shower</p> <p>5. The record of Resident #I was reviewed on 4/3/12 at 1:20 p.m.</p> <p>Diagnoses for Resident #I included, but were not limited to, spinal stenosis, diabetes and neuropathy.</p> <p>Resident #I was admitted to the facility on 3/13/12.</p> <p>Review of an initial MDS dated 3/20/12 for Resident #I indicated he was cognitively intact and needed assistance with bathing.</p> <p>Review of a care plan for Resident #I dated 3/20/12 indicated he needed assistance with bathing.</p> <p>During an interview with Resident #I on 4/3/12 at 1:45 p.m. he indicated he had 1 shower since he was admitted.</p> <p>Review of shower records for Resident #I on 4/3/12 at 2:00 p.m. with the 300 hall Unit Manager indicated the following:</p> |               |   |                      |

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|                    | <p>3/21/12: Received shower</p> <p>During an interview with the 300 hall Unit Manager on 4/3/12 at 2:30 p.m. she indicated no other shower records were available.</p> <p>During an interview with the Director of Nursing on 4/4/12 at 12:15 p.m. regarding residents not receiving showers she indicated "obviously there's a problem with the system."</p> <p>6. The Record for Resident #B was reviewed on 4/3/12 at 12:40 p.m.</p> <p>Diagnoses included but were not limited to dementia, neuropathy (nerve damage), general muscle weakness and edema (swelling).</p> <p>A MDS (Minimum Data Set), completed on 12/27/12 indicated Resident #B had minimal cognitive impairment (slight/mild issues with memory).</p> |               |   |                      |

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|                    | <p>During an interview with Resident #B on 4/3/12 at 1:00 p.m., she indicated that she missed her last shower, which was scheduled for "Saturday morning" (4/7/12). She indicated she knows her showers are scheduled for Wednesday and Saturday mornings, however the "past Saturday" she was resting and didn't think about it being her shower day, and no one came to get her like they normally would so she missed it. She indicated she does not ever refuse a shower because they are only done two times a week and that if they are "too busy" you only would get one shower a week. Resident #B indicated she felt there were times when they did not "have enough help, because the girls will tell us they are too busy to do it today". Resident #B indicated that even though she is able to stand at the sink and wash, she feels like she needs to shower and that she needs to wash her hair since it had been "a week" since her last shower.</p> <p>During a review of the facility "Skin Care Alert" sheets on 4/3/12 at 1:30 p.m. they indicated the last shower for Resident #B was on Wednesday, 2/15/12.</p> <p>During an interview with Employee #6, on 4/3/12 at 2:10 p.m. she indicated Resident #B had more "Skin Care Alert"</p> |               |   |                      |

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|   | <p>sheets they had missed.</p> <p>During an interview with Employee #6 on 4/4/12 at 10:00 a.m., Employee #6 verified with me that the "Skin Care Alert" sheets did not have a date or time, indicating when Resident #B had been given a shower.</p> <p>Employee #6 provided a facility "Monthly Flow Report" on 4/4/12 at 11:45 a.m. that indicated Resident #B received a shower on March 7th, March 8th, March 14th, and March 28th. Employee #6 also confirmed no information was available for the time frame between February 15th, 2012 to March 7th, 2012.</p> <p>7. 4/3/12 11:45 AM. Record review of Weekly Care Management Review sheets and Nurse Progress notes dated 3/26/12, 3/27/12, 3/29/12 and 3/30/12 indicated Resident C was dependent on staff for all ADLs. Resident's diagnoses included but not limited to: Anemia, Hypertension, UTI, Kidney Disease Stage III and General Osteoarthritis.</p> <p>4/3/12 12:50 P.M. Resident C was observed alone in TV Lounge on 100 Unit sitting in a wheelchair with her head</p> |   |   |   |  |   |  |

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|                    | <p>down. The Resident had spaghetti in her lap from lunch, that was served at 11:30 a.m., and had a musty body odor.</p> <p>4/3/12 1:30 P.M. Record review of a Minimum Data Set [MDS] dated 2/24/12 indicated the Resident's Brief Interview for Mental Status [BIMS] score was 06/15 indicating cognitive impairment. Section E, of the MDS entitled: Behavior, Did the resident reject evaluation or care that is necessary to achieve the resident's goals for health and well-being? The response recorded was 0, indicated Behavior not exhibited. Section G, A. of the MDS entitled: Functional Status was coded 3, indicating Physical help in part of bathing activity. Section G, B. of the MDS coded 2, indicated one person physical assist.</p> <p>4/3/12 1:40 P.M. Shower sheets provided by the DON were reviewed for the period of 2/7/12 to 4/3/12 indicated Resident C received 6 showers or bed baths out of 18 opportunities.</p> <p>4/4/12 11:00 A.M. Observation of Resident C indicated Resident was awake, lying in her bed watching television. Her hair was uncombed and she had a musty body odor.</p> <p>4/4/12 11:36 A.M. Review of Daily Care</p> |               |   |                      |

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|                    | <p>Guide indicated Resident C was scheduled to get showers every Wednesday and Saturday with total care of 2 person assist. A Bathing Policy provided by the ED on 4/4/12 indicated the Facility would provide 2 showers per week for all residents.</p> <p>Review of an undated facility policy, titled "Bathing a Resident," received from the Executive Director on 4/3/12 at 10:45 a.m. indicated "Policy Tub baths or showers will be given at least two (2) times per week to all residents and more frequently as needed."</p> <p>This federal tag relates to complaint IN00104662.</p> <p>3.1-38(a)(3)<br/>3.1-38(b)(2)<br/>3.1-38(b)(3)</p> |               |   |                      |

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| F0353<br>SS=E   | <p>483.30(a)<br/>SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS</p> <p>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>Based on record review and interview, the facility failed to ensure residents felt there needs were being met by not having enough staff available to meet their needs. This effected Residents B, D, G, H, and J.</p> <p>1. The Record for Resident #B was reviewed on 4/3/12 at 12:40 p.m.</p> <p>Diagnoses included but were not limited to dementia, neuropathy (nerve damage), general muscle weakness and edema (swelling).</p> | F0353   | <p><b>F 3531) Corrective action for the residents found to have been affected by the deficient practice:</b></p> <p>1. Upon review of the staffing ratios for the night the building was allegedly understaffed there were actually a total of eight (8) staff members on duty to provide care. During night shift (10pm to 6am), review of staff assignments (where no showers are typically given on night shift) and time management as well as resident acuity levels were considered. It was determined that eight staff members are adequate to provide the level of care needed for the</p> | 04/27/2012  |  |   |  |

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|   | <p>A MDS (Minimum Data Set), completed on 12/27/12 indicated Resident #B had minimal cognitive impairment (slight/mild issues with memory).</p> <p>During an interview with Resident #B on 4/3/12 at 1:00 p.m., she indicated that she missed her last shower, which was scheduled for "Saturday morning" (4/7/12). She indicated she knows her showers are scheduled for Wednesday and Saturday mornings, however the "past Saturday" she was resting and didn't think about it being her shower day, and no one came to get her like they normally would so she missed it. She indicated she does not ever refuse a shower because they are only done two times a week and that if they are "too busy" you only would get one shower a week. Resident #B indicated she felt there were times when they did not "have enough help, because the girls will tell us they are too busy to do it today". Resident #B indicated that even though she is able to stand at the sink and wash, she feels like she needs to shower and that she needs to wash her hair since it had been "a week" since her last shower.</p> <p>During an interview on 4/3/12 at 12:00 p.m. with Resident #D, they indicated that staff is often "very short" and that people are not getting help as they need it. They</p> |   | <p>101 residents in the building at that time with appropriate time management, and reviewing of staffing assignments and resident acuity. Additionally there is no evidence to indicate that resident's, B, D, G, H, and J experienced a negative change in condition.</p> <p>2.A 100% review of shower and or skin sheets and staffing ratios was completed from April 6 th through April 9 th of 2012 by Nursing Administration and the Executive Director reviewing the past fifteen (15) days to assure the facility had sufficient nursing staff to provide nursing and related services to attain or maintain the highest practical physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The audit revealed that these services were being met when considering time management, daily assignments and resident acuity.</p> <p>3.In-servicing and education will be completed by April 27 th , 2012 by nursing administration and the Executive Director to address the importance and policy expectations of meeting resident care needs to include the time management of; bathing/showers, turning and repositioning, incontinence care and any other reasonable care needs the resident may have. Secondly, the ED/DON or</p> |   |  |   |  |

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|   | <p>indicated residents are not being repositioned, changed, cleaned, or assisted because often times there is "only one aide" (indicating CNA or Certified Nursing Assistant) . They indicated that on Friday, 3/30/12 on the night shift, they were told they would have to wait for help because there was only one CNA for the entire unit.</p> <p>During a review of the facility "Daily Staffing Sheet" on 4/4/12 at 9:30 a.m. the sheet indicated that on Friday 3/30/12 there was only one CNA for each unit during the night shift.</p> <p>During a review of the facility "Census" on 4/4/12 at 2:30 p.m., the Census sheet indicated that on Friday 3/30/12 there were 101 residents in the facility. There were 48 residents on the "100 Hall Unit", 18 on the "200 Hall Memory Care Unit" and 35 on the "300 Hall Rehab Unit".</p> <p>During an interview with Staffing Coordinator and Unit Manager of the "100 Hall Unit" on 4/4/12 at 2:50 p.m. she indicated that she feels residents needs are being met every day. She indicated that when there is only 1 CNA another CNA or staff person another person from a different shift will stay over and help "pick up". She indicated there is never just 1 CNA on a unit per shift,</p> |   | <p>designee will review daily staffing sheets to ensure enough staffing is scheduled to meet the care needs of each resident.</p> <p>4. Unit Managers will review the bathing sheets in conjunction with the shower schedule five times weekly until threshold is at 100% x 90 days to ensure the residents bathing care needs are being met. Social Services and/or department managers will conduct random interviews of five (5) residents and/or resident responsible parties five (5) times a week for 90 days to identify any resident care/staffing concerns. Any concerns identified will be logged in the facility Resident Concern Log with appropriate action and follow-up to be completed as indicated. The Resident Concern Log will be reviewed daily Mon-Fri at the daily stand-up meeting for completion. The ED or designee will follow-up with each resident or responsible party to ensure their concerns have been resolved. Results will be taken to PI monthly and plan updated as indicated.</p> <p>5. Date of alleged Compliance: April 27 th , 2012</p> |                      |   |

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|                    | <p>however if there would be, the nurses also help the CNA and residents because there are only 2 med passes during the night shift and the rest of the time they are helping the CNA's. She indicated that some times, the nurses on staff will actually work as CNA's because they are over staffed and don't want to go home.</p> <p>2. The record of Resident #G was reviewed on 4/3/12 at 12:35 p.m.</p> <p>Diagnoses for Resident #G included, but were not limited to, fracture neck of femur with total hip replacement, high blood pressure and pain.</p> <p>Resident #G was admitted to the facility on 3/9/12.</p> <p>A review of a 3/16/12 admission MDS on 4/3/12 at 1:40 p.m. with MDS Coordinator #1 indicated Resident #G was cognitively intact and needed the physical support of 1 person for bathing.</p> <p>Review of a care plan for Resident #G dated 3/16/12 indicated she needed assistance with bathing.</p> <p>During an interview with Resident #G on 4/3/12 at 12:35 p.m. she indicated she has only had a shower once a week since she was admitted. She indicated she would</p> |               |   |                      |

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|                    | <p>like to get showers more often because her feet don't get washed enough. She indicated "I think the staff is just too busy."</p> <p>Review of shower records for Resident #G on 4/3/12 at 2:00 p.m. with the 300 hall Unit Manager indicated the following:<br/>3/12/12: received shower<br/>3/21/12: received shower<br/>3/28/12: received shower</p> <p>3. The record of Resident #H was reviewed on 4/3/12 at 1:10 p.m.</p> <p>Diagnoses for Resident #H included, but were not limited to, chronic obstructive pulmonary disease and syncope and collapse.</p> <p>Resident #H was admitted to the facility on 3/19/12.</p> <p>Review of an initial MDS dated 3/26/12 for Resident #H indicated she was cognitively intact and needed assistance with bathing.</p> <p>Review of a care plan for Resident #H dated 3/19/12 indicated she needed assistance with bathing.</p> <p>During an interview with Resident #H on</p> |               |   |                      |

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|   | <p>4/3/12 at 1:45. p.m. she indicated she was not getting offered many showers. She indicated the staff told her they were "short of help." She indicated she did not get them more than once a week and she had only had 2 since she was admitted.</p> <p>Review of shower records for Resident #H on 4/3/12 at 2:00 p.m. with the 300 hall Unit Manager indicated the following:<br/>3/21/12: resident refused shower<br/>3/29/12: received shower<br/>4/2/12 received shower</p> <p>4. The record of Resident #J's most recent quarterly MDS was reviewed on 4/4/12 at 4:25 p.m. It indicated the resident was cognitively intact.</p> <p>Resident #J requested to speak with a state surveyor.</p> <p>During an interview on 4/4/12 at 4:10 p.m. Resident #J requested complete anonymity at this time. She indicated she was "very worried" about night shift staffing. She indicated "Last night the little CNA (Certified Nursing Assistant) stood out in the hall and cried because she was so overwhelmed. They just don't have enough people to take care of the residents." She indicated on her hall they have people who keep trying to "get up"</p> |   |   |   |  |   |  |

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|                    | and alarms are always going off. She indicated "It's just not right."<br><br>3.1-17(b)<br>3.1-17(c)(2)                 |               |   |                      |