

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2015
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NAME OF PROVIDER OR SUPPLIER SHADY REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10924 LINCOLNWAY E PLYMOUTH, IN 46563
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: July 14 and 15, 2015</p> <p>Facility number: 001147 Provider number: 001147 AIM number: n/a</p> <p>Census bed type: Residential: 42 Total: 42</p> <p>Residential sample: 7</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-5.</p>	R 0000		
R 0120 Bldg. 00	<p>410 IAC 16.2-5-1.4(e)(1-3) Personnel - Noncompliance</p> <p>(e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall include, but is not limited to, residents' rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations served, medication administration, and nursing care, when appropriate, as follows:</p> <p>(1) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of</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>the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel.</p> <p>(2) In addition to the above required inservice hours, staff who have contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia.</p> <p>(3) Inservice records shall be maintained and shall indicate the following: (A) The time, date, and location. (B) The name of the instructor. (C) The title of the instructor. (D) The names of the participants. (E) The program content of inservice. The employee will acknowledge attendance by written signature.</p> <p>Based on interview and record review, the facility failed to ensure staff completion and documentation of required in-services for 2 of 10 employee files reviewed for completion of dementia, abuse, and resident's rights training.</p> <p>Findings include:</p> <p>Review of Employee records began on 7/15/15 at 2:05 p.m.</p> <p>Employee #1's employment record did not indicate completion of required initial</p>	R 0120	R 0120 1. The two employee inservice deficiencies shall be corrected. 2. The Director of Nursing shall monitor the inservice records to insure their duration, content, and timeliness. 3. The Director of Nursing or a designee shall utilize and monitor an inservice training log to insure employees obtain the proper inservicing. 4. The corporate training department will audit these systematic changes to maintain quality assurance.	08/31/2015

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	<p>training on dementia within 6 months of hire. Employee #1 was hired on 1/12/15.</p> <p>Employee #2's employment record did not indicate completion of required annual training on resident's rights, dementia, or resident abuse.</p> <p>During an interview on 7/15/15 at 3:05 p.m., the Director of Nursing indicated she was aware of the requirement for dementia training. She further indicated Employee #2 had not completed any required in-services since March 22, 2013.</p>						