

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155263	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/23/2016
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NAME OF PROVIDER OR SUPPLIER LOGOOTE NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 12802 E US HWY 50 LOGOOTE, IN 47553
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F 0000 Bldg. 00	<p>This visit was for the Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN000188027 and Complaint IN000189221.</p> <p>Complaint IN00188027-Unsubstantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00189221-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 16, 17, 18, 19, 22, and 23, 2016</p> <p>Facility number: 000164 Provider number: 155263 AIM number: 100289550</p> <p>Census bed type: SNF/NF: 35 Total: 35</p> <p>Census payor type: Medicare: 1 Medicaid: 31 Other: 3 Total: 35</p>	F 0000	By submitting the following material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective 03/24/2016 to the state findings of the Recertification and State Licensure Survey. We respectfully request paper compliance.	

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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F 0312 SS=D Bldg. 00	<p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by #02748 on February 26, 2016.</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 ensure services were provided to residents who required assistance and supervision for bathing for 3 of 3 residents reviewed for bathing services. (Resident #15, Resident #16, Resident #35)</p> <p>Findings include:</p> <p>1. Resident #35's clinical record was reviewed on 2/17/16 at 10:04 A.M. Her current Quarterly Minimum Data Set assessment (MDS) dated 12/3/15, indicated a score of 6 (moderate cognitive impairment) and 1 staff physically needed to assist with bathing.</p>	F 0312	<p>It is the practice of this facility that 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. 1. Corrective actions accomplished for those residents found to be affected by the alleged deficient practice.</p> <p>1. A review of shower schedule for residents #15, #16, and #35 was completed</p> <p>2. Shower schedules were reviewed and updated to reflect changes if necessary.</p> <p>3. C.N.A. Assignment sheets were reviewed and updated to reflect changes if necessary.</p> <p>4. The residents identified as residents # 15, #16 and #35 are now receiving their showers per</p>	03/11/2016

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	<p>On 2/22/16 at 8:08 A.M., Resident #35 was observed propelling herself in her wheelchair down the West hall past the nurses station.</p> <p>On 2/22/16 at 10:50 A.M., LPN #2 who indicated she worked on the east and west unit was interviewed regarding resident shower assignments. LPN #2 provided facility documentation of resident day and evening shift shower assignments. LPN #2 also provided documentation entitled "Body Assessment" in which the CNAs documented when a shower had been provided and included a skin assessment observed during the shower. LPN #2 at that time indicated 2 residents at the facility were scheduled for 3 showers a week instead of the required 2 showers a week. LPN #2 indicated by reviewing the facility resident shower assignment sheets that Resident #35 was one of the residents scheduled for 3 showers a week on the day shift (Tuesday, Friday, and Sunday). Shower sheets entitled "BODY ASSESSMENT" for January and February 2016 for Resident #35 was provided.</p> <p>On 2/22/16 at 11:27 A.M., the west shower book which contained Resident #35's shower documentation for 1/1/16 thru 2/22/16 was reviewed.</p>		<p>their personal preference and in accordance with their plan of care. There is documentation on the clinical record to indicate each time the resident has received a shower. There is also documentation to support that if a resident refuses a scheduled shower that the resident is offered the shower at a different time or a bed bath is given.</p> <p>2. To identify other residents who have the potential to be affected by the same alleged deficient practice.</p> <p>1. A complete review of all residents shower schedules was completed to ensure that each was offered at least 2 showers per week.</p> <p>2. Shower schedules were reviewed and updated to reflect changes if necessary.</p> <p>3. C.N.A. Assignment sheets were reviewed and updated to reflect changes if necessary.</p> <p>4. All residents are receiving their showers in accordance with their personal preference. And there is documentation to support that the residents have received their showers. There is also documentation to support that if a resident refuses a scheduled shower that the resident is offered the shower at a different time or a bed bath is given.</p> <p>3. Measures and systemic changes put into place to ensure that the alleged deficient practice does not recur.</p> <p>1. An mandatory in-service will</p>		

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	<p>Documentation indicated a shower had been provided on 1/5/16, 1/12/16, 1/22/16, 1/26/16, 2/2/16, 2/12/16, 2/16/16, and 2/19/16. Documentation was lacking of refusal by Resident #35 regarding showers in January and February 2016. Documentation was lacking that 3 showers had been provided each week in January 2016 and the first week of February 2016.</p> <p>On 2/22/16 at 12:42 P.M., the January and February 2016 shower documentation for Resident #35 was reviewed with the Director of Nursing (DON). The DON was made aware of documentation lacking of 3 showers a week being provided as scheduled the 4 weeks in January and the first week in February (a 10 day period lacking). The DON agreed and indicated if a resident refused a shower she would expect staff to try again next shift, next day, different staff, or at least provide a bed bath.</p> <p>2. Resident #15's clinical record was reviewed on 2/16/16 at 2:34 P.M. Her annual Minimum Data Set assessment (MDS) dated 12/3/15, indicated a cognitive score of 15 (cognition intact) and one staff needed to physically assist with bathing.</p> <p>On 2/18/16 at 11:08 A.M., Resident #15</p>		<p>be completed on 03/11/2016 with all nursing staff regarding providing showers at a minimum of 2 times per week for each resident.</p> <p>2. The C.N.A.'s will complete a shower worksheet indicating the type of bathing given and reason for refusal, if any.</p> <p>3. The Charge Nurse will review the shower worksheets and, if any refusals, will attempt an additional approach, with documented explanation if continued refusal.</p> <p>4. DNS and/or Designee will review worksheets during stand up meeting for completion and notification given to Social Service if continued refusal of showers, in an effort to further involve other disciplines and/or family members (as appropriate).</p> <p>4. The corrective action will be monitored to ensure the deficient practice does not recur and quality assurance measures put into place are:</p> <p>1. The DNS and/or Designee will complete random audits on all applicable shifts at various times to ensure that everyone is receiving appropriate showers as desired/required to be offered and findings will be documented. These audits will be completed 3 times a week four weeks, then monthly for three months and then quarterly for three quarters, to identify any concerns and take corrective measures.</p> <p>2. The findings from these</p>		

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	<p>was observed sitting in her wheelchair in her room.</p> <p>On 2/22/16 at 11:27 A.M., Resident #15's shower documentation for 1/1/16 thru 2/22/16 was reviewed. Resident #15's shower assignment sheet indicated a shower was scheduled for day shift on Wednesdays and Saturdays. Documentation indicated no shower had been provided on 1/2/16 (no refusal documented), and a bed bath had been given on 1/13/16. Showers were documented on 1/16/16, and 1/30/16. On 2/3/16 shower documentation indicated, "...Bed Bath due to drain back up..." Showers were documented on 2/10/16, 2/13/16, 2/17/16, and 2/20/16. Documentation was lacking of shower, bed bath, or refusal for a 6 day period in February. Documentation was also lacking of bathing being provided the first 12 days of January and then a 13 day period the end of January.</p> <p>On 2/22/16 at 12:42 P.M., the DON was made aware of documentation lacking of showers or bed baths being provided the above days in January and February 2016 for Resident #15. The DON agreed documentation was lacking of showers or bed baths being provided twice weekly for the month of January and the first week of February.</p>		<p>audits and any corrective actions taken will be discussed during monthly QA meeting and the current plan revised, as warranted.</p>	

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	<p>3. Resident #16 was observed on 2/19/16 at 9:00 A.M., sitting in her wheelchair in the lobby area with an alarm box and an anti-brake device on the back of the wheelchair.</p> <p>Resident #16's clinical record was reviewed on 2/16/16 at 1:03 P.M. Her Quarterly Minimum Data Set assessment (MDS) dated 12/10/15 indicated a cognitive score of 7 (moderate cognitive impairment) and supervision and oversight needed with bathing.</p> <p>On 2/22/16 at 11:27 A.M., Resident #16's 1/1/16 thru 2/22/16 shower records were reviewed. The shower assignment sheet indicated Resident #16 was scheduled for showers on evening shift on Wednesday and Saturdays. The January shower documentation indicated on 1/2/16 a shower had been refused. On 1/9/16 a shower had been refused and documentation indicated, "...washes up in rm [room]." The 1/30/16 shower record indicated, shower was refused and "... res [resident] gets washed up in rm [room]." February shower documentation indicated shower was refused on 2/3/16, 2/14/16, and 2/17/16. An undated shower sheet included in the January and February documentation for Resident #16 indicated a shower had been given but</p>			

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	<p>documentation was lacking of a date the shower had been given.</p> <p>On 2/22/16 at 12:42 P.M., the DON was made aware of documentation lacking of a shower being provided or refused twice a week in January 2016 and the first week of February 2016 for Resident #16. The DON agreed at that time that documentation was lacking of showers being offered or provided twice weekly in January 2016 and the first week of February 2016.</p> <p>On 2/23/16 at 8:25 A.M., the facility's shower policy (undated) entitled "SHOWER, ASSISTING A RESIDENT WITH A" was received and reviewed. The policy included but was not limited to, "... Residents will receive a shower at least two times a week unless condition warrants otherwise or Resident refuses... NOTE* should a Resident refuse a scheduled shower, document the refusal and offer the shower at another time or on another day..."</p> <p>On 2/23/16 at 8:55 A.M., CNA # 2 was interviewed regarding showers provided at the facility. CNA #2 indicated only the west unit shower room of the facility was used for showering residents. She indicated the facility has had a problem with the hot water and with the drain in</p>			

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F 0465 SS=E Bldg. 00	<p>the west shower room backing up. She indicated the hot water and the drain had not been a problem in February. CNA #2 also indicated staff were to provide bed baths when there was a problem with providing a shower.</p> <p>On 2/17/16 at 8:10 A.M., the Administrator indicated during interview that contracted staff was scheduled at the facility today in regard to a water temperature regulation problem.</p> <p>3.1-38(a)(3)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview, and record review, the facility failed to ensure housekeeping and maintenance services were provided to maintain the resident bathrooms in good repair and sanitary condition for 1 of 2 halls. (East unit, Room #29, Room #25, Room #23, Room #27, Room #31, Room #24)</p> <p>Findings include:</p>	F 0465	<p>It is the practice of this facility to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. 1. Corrective actions accomplished for those residents found to be affected by the alleged deficient practice.</p> <p>1. East Unit Resident Room Bathrooms #29, #25, #23, #27, #31, and #24 have been cleaned.</p> <p>2. Bathrooms of Room #29 and #31 walls will be repaired by date</p>	03/24/2016

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	<p>During a tour of the East Unit on 2/16/16 from 11:43 A.M. through 11:54 A.M., the following was observed:</p> <ol style="list-style-type: none"> The bathroom floor of Room #29 was observed to have missing tiles and to be soiled throughout with a white substance. The bathroom wall, near the baseboard, was observed to be flaking off. The bathroom floor of Room #25 was observed to have missing tiles and to be soiled throughout with debris. <p>During a tour of the East Unit on 2/16/16 from 3:33 P.M. through 4:21 P.M., the following was observed:</p> <ol style="list-style-type: none"> The bathroom floor of Room #23 was observed to have to be soiled throughout with debris. The bathroom floor of Room #27 was observed to be soiled throughout with debris. The bathroom floor of Room #31 was observed to be soiled throughout with debris. The bathroom wall, near the baseboard, was observed to be flaking off. The bathroom floor of Room #24 was observed on 2/17/16 at 9:13 A.M. 		<p>of alleged compliance.</p> <ol style="list-style-type: none"> The missing floor tiles in bathrooms of room 29 and 25 have been replaced and are free of any missing/broken floor tile. To identify other residents who have the potential to be affected by the same alleged deficient practice. <ol style="list-style-type: none"> All residents have the potential to be affected. House wide environmental rounds were completed by the Administrator along with the Maintenance Director for the purpose of developing a list of any needed repairs. Needed repairs were noted and placed on a list by priority to be completed. The facility has implemented the practice/system whereby any needed repairs are to be reported to the Maintenance Director promptly so that the repairs can be addressed in a timely manner according to the priority of the repair. The Maintenance Director will keep a log of these repairs on an on-going basis. Measures and systemic changes put into place to ensure that the alleged deficient practice does not recur. <ol style="list-style-type: none"> The Maintenance Director will be in-serviced on his responsibility of completing environmental rounds weekly to identify any environmental concerns as part of the facility maintenance program. A mandatory in-service will be provided for all housekeeping 		

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	<p>to be soiled throughout with debris.</p> <p>During a tour on 2/22/16 from 9:30 A.M. through 9:45 A.M. the following was observed:</p> <p>7. The bathroom floor of Room #29 was observed to have missing tiles and to be soiled throughout with a white substance. The bathroom wall, near the baseboard, was observed to be flaking off.</p> <p>8. The bathroom floor of Room #25 was observed to have missing tiles and to be soiled throughout with debris.</p> <p>9. The bathroom floor of Room #23 was observed to have to be soiled throughout with debris.</p> <p>10. The bathroom floor of Room #27 was observed to be soiled throughout with debris.</p> <p>11. The bathroom floor of Room #31 was observed to be soiled throughout with debris. The bathroom wall, near the baseboard, was observed to be flaking off.</p> <p>12. The bathroom floor of Room #24 was observed on 2/17/16 at 9:13 A.M. to be soiled throughout with debris.</p>		<p>staff on the facility policy related to the proper cleaning of resident's bathrooms which includes the task of mopping the bathroom floor daily.</p> <p>3.A mandatory in-service will also be provided for all housekeeping and nursing staff on the facility's new practice/system of reporting any needed repairs to the Maintenance Director so that repairs can be addressed in a timely manner according to the priority of the repair.</p> <p>4. The corrective action will be monitored to ensure the deficient practice does not recur and quality assurances measures put into place are:</p> <p>1.The Administrator and/or designee will complete environmental rounds three times weekly for 30 days, then weekly for 30 days, then monthly ongoing to ensure the facility is providing a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. Concerns identified will be noted per maintenance requisition and cleaning and/or repairs scheduled accordingly.</p> <p>2.The Administrator and/or Designee will review any findings and subsequent repairs made if any during the facility's QA meeting. Any revision to the plan will be made, if indicated.</p>		

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	<p>During an interview on 2/22/16 at 9:50 A.M., Housekeeper #2 indicated each resident bathroom was cleaned daily. Housekeeper #2 further indicated, at that time, the daily cleaning involved cleaning the toilet and the trash can and re-stocking the toilet paper. Housekeeper #2 then indicated cleaning the bathroom floor was not part of the daily cleaning routine and would be performed if the floor was visibly dirty.</p> <p>During a tour on 2/23/16 at 1:30 P.M. through 1:45 P.M. with the HFA (Health Facility Administrator) the following was observed:</p> <p>13. The bathroom floor of Room #29 was observed to have missing tiles and to be soiled throughout with a white substance. The bathroom wall, near the baseboard, was observed to be flaking off.</p> <p>14. The bathroom floor of Room #25 was observed to have missing tiles and to be soiled throughout with debris.</p> <p>15. The bathroom floor of Room #23 was observed to have to be soiled throughout with debris.</p> <p>16. The bathroom floor of Room #27 was observed to be soiled throughout</p>			

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	<p>with debris.</p> <p>17. The bathroom floor of Room #31 was observed to be soiled throughout with debris. The bathroom wall, near the baseboard, was observed to be flaking off.</p> <p>18. The bathroom floor of Room #24 was observed on 2/17/16 at 9:13 A.M. to be soiled throughout with debris.</p> <p>During an interview on 2/23/16 at 1:39 P.M., the HFA indicated the bathroom floors should be cleaned every day.</p> <p>The Policy and Procedure for Room Cleaning Procedure provided by the HFA on 2/23/16 at 1:40 P.M. indicated, "...8. Sweep floors...then mop..."</p> <p>3.1-19(f)</p>			