STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155178	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-FOUNTAINVIEW	609 W TANGLEWOOD LN MISHAWAKA, IN 46545

(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
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00181423. Complaint IN00181423 - Substantiated. Federal deficiencies related to the allegations are cited at F223, F282, F312 and F353. Unrelated deficiencies are cited. Survey dates: September 8, 9, 10 and 11, 2015. Facility number: 000094 Provider number: 155178 AIM number: 100290310 Census bed type: SNF/NF: 91 Total: 91 Census payor type: Medicare: 11 Medicaid: 61 Other: 19 Total: 91 Sample: 11 These deficiencies reflect State findings cited in accordance with 410 IAC	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	16.2-3.1. QR completed by 14454 on September 21, 2015.			
F 0166 SS=D Bldg. 00	483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. Based on interview and record review, the facility failed to resolve grievances for 3 of 3 grievances reviewed for 2 residents. (Resident B and Resident K) Findings include: 1. On 9-10-15 at 10:40 A.M., two grievances for Resident B were reviewed. One grievance indicated, "Today's date: 6/2/15...Statement of Concern: Second shift didn't give 2100 [9:00 P.M.] meds [medicines]. Nursing documented refusals of all HS [hour of sleep] meds-attached...Date of resolution 6-3-15...Employee reviewed resolution with resident or family?...Yes...Res [resident] denies refusing...." A second grievance for Resident B indicated, "...Dated 6/2/15...Statement of	F 0166	Corrective action will be achieved by ensuring that grievances will be resolved so that all parties are in agreement with the resolution or consider other avenues for resolution until satisfaction is achieved. All residents have the potential to be affected by the deficient practice. Residents who file grievances will be identified as being at risk to be affected by the deficient practice. Staff in all departments will be educated on the Grievance Guideline. All grievances will be logged by Social Services. Grievances will be reviewed by IDT in morning meeting until resolution has been achieved. Social Services Director or designee will follow up with resident and or responsible party to ensure all parties are in agreement with the resolution or consider other avenues for resolution until satisfaction is achieved. Social Service Director	10/06/2015

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	Concern: Only receiving 1 shower [Tuesday] per week. Would like 2-3 showers weekly-Tuesday, Thursday, Saturday. Most important is Tuesday and Saturday...Action Plan:...Mgr [manager] to update care guide/plan...Nature of resolution...shared with [Resident C name]; acceptable...." During an interview on 9-10-15 at 11:00 A.M., Resident B indicated, "I didn't feel it was resolved at all...I would not refuse my medications...I was on an antibiotic for pneumonia and I would have never refused a dose...I am still not getting my showers...." On 9-10-15 at 11:30 A.M., review of Resident B's care plans indicated no care plan related to ADL's (Activities of Daily Living) or showers. Resident B's bathing type detail report provided by the DON (Director of Nursing) on 9-11-2015 at 11:30 A.M., indicated from 7-13-2015 to 9-9-2015, the resident received 14 of the 17 showers she was scheduled for. Of the 14 showers the resident received, 3 were given per the resident's preference as recorded on the residents preference questionnaire. On 9-11-2015 at 11:40 A.M., Resident		or designee will audit each grievance to ensure all grievances are logged, investigated, and resolution for all parties is achieved. Results of these audits will be reviewed and discussed in monthly Quality Assurance Performance Improvement (QAPI) meeting through April 2016 or until deficient practice has been corrected. Plan will be revised as needed to ensure corrective action for this deficient practice has been accomplished.	

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	B's June MAR's (Medication Administration Record) were reviewed and indicated an order for, "Doxycycline Hyclate 100 mg [milligrams], give one tablet by mouth two times a day for Respiratory Infection until 06/08/2015, order date 06/01/2015." 2. On 9-10-15 at 10:40 A.M., a review of grievance form for Resident K, dated 08/04/15, indicated, "...Statement of Concern: He [Resident K] stated not getting any help from staff...he needs some help when getting showers...Date of resolution 08/05/15...." Resident K's bathing type detail report provided by the DON on 9-11-2015 at 11:30 A.M., indicated from 7-22-2015 to 9-9-2015, the resident received 7 of the 15 showers he was scheduled for. Of the 7 showers the resident received, none were given per the resident's preference as recorded on the residents preference questionnaire. On 9-9-15 at 12:25 P.M., review of the Grievance Guideline, received from the DON at this time as the current grievance policy, created on 01/13/2015 and effective on 1-19-2015, indicated, "...Investigation and Resolution...When resolving the situation, parties should be in agreement of the resolution or consider			

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	other avenues for resolution until satisfaction is achieved...." 3.1-7(a)(1)			
F 0223 SS=D Bldg. 00	483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Based on observation, interview and record review, the facility failed to ensure 1 of 1 residents was free from abuse from a staff member. (Resident M) Finding includes: On 9/9/2015 at 12:42, Resident M's room was observed from the hall, where two employees were talking to the resident, Employee #12 and the second voice later identified as the Administrator. The Administrator spoke in an elevated and disrespectful tone directed at the resident, and included but was not limited to the following statements: "No, you don't. No you don't!" "I know it's hard, I went through divorce myself." "You're acting	F 0223	Corrective action cannot be accomplished for this resident. All residents have the potential to be affected by the deficient practice. Residents will be identified as being at risk to be affected by the deficient practice by interview, observation, and investigation. Staff in all departments have been educated on abuse policy and procedure including but not limited to identifying 7 types of abuse, reporting abuse, and abuse prevention. All allegations of abuse will be thoroughly investigated, reported timely, and interventions to prevent abuse will be initiated as appropriate. Social Service Director or designee will interview five residents weekly for 4 weeks, 3 residents weekly for 4 weeks, and 1 resident weekly for 4 months to ensure residents are	10/06/2015

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	like a child, you can't act like that or you'll have to go right back." Resident M's voice was not heard during the exchange. The resident's door stood fully open throughout the observation. The Administrator was observed leaving the room with Employee #12 at 12:48. During an interview directly after the observation, Resident M indicated the Administrator was just in his room and they don't see eye to eye. Resident M indicated the Administrator does not normally talk to him in an elevated and disrespectful tone. The resident indicated, "She don't always talk to me like that, she's mad at me because of some things between me and my wife." On 9/9/2015 at 1:03 P.M., the DON (Director of Nursing) was informed of the incident regarding the Administrator addressing Resident M in an elevated voice and disrespectful tone. The DON indicated she was going to have to suspend the Administrator immediately. On 9/9/2015 at 1:45 P.M. during an interview, Employee #12 indicated Resident M was just released from a local psychiatric hospital. On 9/11/2015 at 3:00 PM, Resident M's clinical record was reviewed. The most		treated with respect and dignity. Executive Director or designee will audit each investigation of allegations of abuse to ensure thorough investigation, timely reporting, and initiation of interventions to prevent abuse thru April 2016. Results of these interviews and audits will be reviewed and discussed in monthly Quality Assurance Performance Improvement (QAPI) meeting through April 2016 or until deficient practice has been corrected. Plan will be revised as needed to ensure corrective action for this deficient practice has been accomplished. Addendum: Non-interviewable residents will be monitored through observation and, when necessary, investigation of suspected abuse or suspicious injury to ensure residents are treated with respect and dignity.	

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	recent MDS (Minimum Data Set) assessment, dated 6/1/2015, indicated the resident's diagnoses included but were not limited to dementia and depression. The resident had a BIMS (Brief Interview for Mental Status) of 14, indicating no cognitive impairment. On 9/14/2015 at 12:33, the current policy entitled "Human Resources Management Policies and Procedures Manual, Employee Conduct with Residents/Patients," dated 3/1/2013, provided by the DON on 9/9/2015 at 10:45 A.M., was reviewed. The policy indicated, "All residents/patients must be treated with respect and dignity at all times...." This Federal tag relates to Complaint IN00181423. 3.1-27(b)			
F 0282 SS=D Bldg. 00	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. A. Based on observation, interview and record review, the facility failed to assist	F 0282	Corrective action for residents B and C is not able to be	10/06/2015

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	a dependent resident with toileting for 1 of 3 residents observed for incontinence. (Resident C) B. Based on observation, interview and record review the facility failed to follow physicians orders in regard to providing a specialized diet for 1 of 3 residents reviewed for diets. (Resident B) Findings include: A.1. On 9-8-15 at 10:40 A.M., an initial tour of the facility was conducted. Resident C was observed to be in her room, in bed. Resident C indicated, "...I have not been toileted yet this morning, they only have one CNA [Certified Nursing Assistant] over here [Hall C] today and I have a very wet bed...I normally can make it to the bathroom with assistance but I take a water pill and couldn't get any help to the bathroom...I have been waiting since 7 A.M...." On 9-8-15 at 11:37 A.M., LPN #4 and CNA #6 answered the call light of Resident C. Resident C's bed pad, bath blanket and bed sheet were under the resident. Resident C was observed to be wet with a yellow fluid. Resident C indicated to CNA #6 to roll her to her side before using the lift to get her out of bed. Resident C was observed to be		accomplished. All residents are at risk to be affected by the deficient practice. Residents will be identified as being at risk to be affected by the deficient practice who require incontinence care and or special diet. Dietary and Nursing staff will be educated regarding following the plan of care as it relates to the residents' ordered diet. All diets have been reviewed to ensure appropriate diet is ordered. Diet orders for admissions and readmissions will be reviewed to ensure appropriate diet is ordered. Dietary Manager or designee will audit meals for residents with special diets to ensure appropriate diet is provided 5meals/week for 4 weeks; 3meals/week for 4 weeks; 1meal/week for 4 months. Audits will include breakfast, lunch, and dinner. Nursing staff will be educated on providing toileting assistance per the plan of care. Director of Nursing or designee will interview residents requiring assistance with toileting to ensure toileting assistance is provided per the plan of care 5 interviews/week for 4 weeks; 3 interviews/week for 4 weeks; 1 interview/week for 4 months. Results of these audits and interviews will be reviewed and discussed in monthly Quality Assurance Performance Improvement (QAPI) meeting through April 2016 or until deficient practice has been	

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	unclothed from the waist down and her Peri-area was observed to be reddened. On 9-10-15 at 9:50 A.M., a record review for Resident C indicated diagnoses of, but not limited to, spinal stenosis in cervical region, hypertension and pressure ulcer to upper right thigh. Resident C's MDS (Minimum Data Set) assessment, dated 5-19-15, indicated BIMS (Brief Interview for Mental Status) of 15 out of 15, no cognitive impairment and she was occasionally incontinent. On 9-10-15 at 3:15 P.M., an observation of Resident C's right posterior upper thigh was conducted with RN (Registered Nurse) #11. The resident's right posterior thigh had 3 open areas and redness. A dressing removed at this time for observation had 2 spots of brown drainage on it. On 9-11-15 at 11:00 A.M., record review of Resident C's care plans, dated 03/23/2013, indicated "...Focus...I have a physical functioning deficit related to: Self care impairment due to my spinal stenosis, Cervical Spondylosis, Arthritis and Macular Degeneration...Interventions...Toileting assistance with Sara lift and 2 people...revision on: 06/11/2014...."		corrected. Plan will be revised as needed to ensure corrective action for this deficient practice has been accomplished.Addendum: Unit Managaer or designee will observe toileting of non-interviewable residents requiring assistance with toileting to ensure toileting assistance is provided per the plan of care 5 obervations/week for 4 weeks; 3 observations/week for 4 weeks; 1 observation/week for 4 months.	

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	B1. On 9/9/15 at 11:30 A.M., the clinical record for Resident B was reviewed. The resident was admitted to the facility on 5/8/15. Diagnosis include but not limited to, Systemic Lupus Erythematosus. A physicians order, dated 5/8/15 indicated "...Con (Concentrated) Cho (Carbohydrate) diet, Vegan with no dairy...." On 9/10/15 at 8:30 A.M., during an observation of the breakfast meal indicated Resident B received, scrambled eggs, hash browns, orange juice and milk. Resident B indicated at this time " ... I got just what I ordered...." During an interview on 9/10/15 at 11:15 A.M., the DON (Director of Nursing) indicated "... Resident B has a Vegan diet order...Resident B provides a list of foods she wants off the weekly menu...." On 9/10/15 at 11:30 A.M., review of the hand written list of food requests for Resident B, provided by the DON on 9/10/15 at 8:00 A.M., indicated Resident B requested scrambled eggs for breakfast on 9/10/15, 9/11/15, 9/12/15 and 9/13/15. During an interview on 9/11/15 at 11:00 A.M., the DM (Dietary Manager) indicated, "...we provide what the resident requests on her weekly food			

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	list...no where on her menu ticket does it state a Vegan diet... the diet matrix system does not have a option to select a Vegan diet but does have the option to free type information in...." On 9/11/15 at 11:30 A.M., review of the current, undated policy titled "Diet Manual and Diet Orders," provided by the DON on 9/9/15 at 12:25 P.M., indicated no documentation of Vegan diet. During an interview on 9/11/15 at 11:55 A.M., the RD (Registered Dietician) indicated, "...whatever Resident B orders we try an get that to her from the kitchen.. because she is alert and oriented she tells us what she wants...there is no Vegan diet order comparison for the facility to go by... we should have just liberalized her diet order...." This Federal tag relates to Complaint IN00181423. 3.1-35(g)(2)			
F 0312 SS=E Bldg. 00	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the			

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	necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview, and record review, the facility failed to provide the desired showers for 5 of 12 residents reviewed for showers, who require shower assistance. (Residents B, C, J,K and Z). Findings include: 1. On 9/9/2015 at 10:35 A.M., Resident B indicated she does not get the two showers per week she is scheduled to have. She indicated the CNAs (Certified Nursing Assistants) are often too busy to assist her, and many times the facility is short staffed so no one is available to help with her shower. Resident B indicated she has asked for showers multiple times and the CNAs told her they were too busy to shower her. She indicated she had never refused a shower. On 9/11/2015 at 2:00 P.M., Resident B's clinical record was reviewed. The most recent quarterly MDS (Minimum Data Set) assessment, dated 8/15/2015, indicated the diagnoses included, but were not limited to, post anoxic brain injury, diabetes, and tracheostomy. The BIMS (Brief Interview for Mental Status) indicated 15 out of 15, no cognitive	F 0312	Corrective action for residents B, Z, C, K, J cannot be accomplished. All residents have to potential to be affected by the deficient practice. Residents requiring assistance with bathing are identified as being at risk to be affected by the deficient practice. Resident preferences regarding bathing will be obtained upon admission. Unit Manager or designee will add residents to the shower schedule based on his or her preference. Unit Manager or designee will update shower schedule as changes in preferences are identified. Shower schedules have been revised to reflect resident preferences. Nursing staff will be educated regarding Bath/Shower Policy including but not limited to completing showers as scheduled, completing documentation of showers given, and documentation of any refusals of bathing. Unit Manager or designee will audit the completion of showers to ensure showers are completed as scheduled 5xweek for 6 months. Director of Nursing or designee will interview residents who require assistance with bathing to ensure showers are given as scheduled 5 interviews/week for 4 weeks; 3 interviews/week for 4 weeks; 1 interview/week for 4 months. Results of these audits	10/06/2015

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	deficit. The resident's functional status indicated the resident required setup assistant with bathing, and required a wheelchair for mobility. The current resident preference questionnaire provided by the DON (Director of Nursing), dated 7/27/2015, indicated Resident B preferred two weekly showers on the evening shift on Wednesday and Saturday. The current C wing shower schedule, dated 6/29/2015, provided by the DON on 9/11/2015 at 11:30 A.M., indicated Resident B was scheduled for showers on Wednesday and Saturday evenings. Resident B's behavior detail report provided by the DON on 9/11/2015 at 11:30 A.M., indication the resident had not refused any showers from 7/13/15 to 9/11/2015. Resident B's bathing type detail report provided by the DON on 9/11/2015 at 11:30 A.M., indicated, from 7/13/2015 to 9/9/2015, the resident received 14 of the 17 showers she was scheduled for. Of the 14 showers the resident received, 3 were given per the resident's preference as recorded on the residents preference		and interviews will be reviewed and discussed in monthly Quality Assurance Performance Improvement (QAPI) meeting through April 2016 or until deficient practice has been corrected. Plan will be revised as needed to ensure corrective action for this deficient practice has been accomplished. Addendum: Unit Managers or designee will observe completion of showers for non-interviewable residents to ensure showers are completed as scheduled 5 observations/week for 4 weeks; 3 observations/week for 4 weeks; 1 observation/ week for 4 months.	

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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
	questionnaire. 2. On 9/9/2015 at 1:25 P.M., Resident Z indicated she had not had a shower in the past two weeks. On 9/11/2015 at 2:30 P.M., Resident Z's clinical record was reviewed. The most recent quarterly MDS assessment, dated 7/23/2015, indicate the resident's functional status as extensive assistance with bathing and a wheelchair for mobility. Resident Z's BIMS indicated 15 out of 15, no cognitive impairment. The current resident preference questionnaire provided by the DON, dated 6/26/2015, indicated Resident Z preferred two weekly showers on the evening shift on Wednesday and Saturday. The current C wing shower schedule, dated 6/29/2015, indicated Resident Z was scheduled for showers on Wednesday and Saturday evenings. Resident Z's behavior detail report provided by the DON on 9/11/2015 at 11:30 A.M., indication the resident had not refused any showers from 7/16/2015 to 9/11/2015. Resident Z's bathing type detail report			

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	provided by the DON on 9/11/2015 at 11:30 A.M., indicated from 7/16/2015 to 9/9/2015, the resident received 9 showers of the 16 showers she was scheduled for. Of the 9 showers the resident received, 4 were given per the resident's preference as recorded on the residents preference questionnaire. Resident Z received no showers from 9/2/2015 to the time of this record review on 9/11/2015 at 2:30 P.M. 3. On 9/9/2015 at 12:45 P.M., during an interview, Resident C indicated she does not get the two showers per week she is scheduled to have. She indicated she has not had a shower since she was discharged from the hospital about one month ago. The resident indicated she has requested showers several times and the CNAs told her they would be return to give her a shower but they never came back. Resident C indicated the only way she gets washed is when the CNAs help her to the bathroom in her wheel chair and they sometimes help wash her up at the sink. On 9/11/2015 at 2:00 P.M., Resident C's clinical record was reviewed. The most recent quarterly MDS assessment, dated 5/19/2015, indicated the diagnoses included, but were not limited to, peripheral vascular disease, diabetes, anxiety, and depression. The MDS			

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	assessment indicated a BIMS of 15 out of 15, no cognitive impairment. The resident's functional status indicated the resident was totally dependent for bath and shower care and required a wheelchair for mobility. The current resident preference questionnaire provided by the DON, dated 8/12/2015, indicated Resident C preferred two weekly showers around 5:00 A.M. on Monday and Thursday. The current C wing shower schedule, dated 6/29/2015, indicated Resident C was scheduled for showers on Monday and Thursday at 5:00 A.M. by the midnight shift. Resident C's behavior detail report, provided by the DON on 9/11/2015 at 11:30 A.M., indicated the resident had not refused any showers from 7/13/15 to 9/11/2015. Resident C's bathing type detail report, provided by the DON on 9/11/2015 at 11:30 A.M., indicated from 7/13/2015 to 9/9/2015, the resident received 6 of the 17 showers she was scheduled for. Of the 6 showers the resident received, 3 were given per the resident's preference as recorded on the residents preference			

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	questionnaire. 4. On 9/9/2015 at 2:20 P.M., during an interview, Resident K indicated he does not get the two showers per week he is scheduled to have. The resident indicated he was lucky to get one weekly shower and he has asked over and over and the CNAs told him they were too busy to help him shower. He indicated that he never refuses to shower. He was sick last Saturday so staff never offered him a shower and he wanted one. On 9/11/2015 at 2:00 P.M., Resident K's clinical record was reviewed. The admission and most recent MDS assessment, dated 7/28/2015, indicated the diagnoses included but were not limited to heart failure, COPD (chronic obstructive pulmonary disease), and anxiety. The MDS assessment indicated a BIMS of 13 out of 15, indicating no cognitive impairment. The resident's functional status indicated the resident was totally dependant for bath and shower care and required a wheelchair for mobility. The current resident preference questionnaire provided by the DON, dated 7/27/2015 and 9/1/2015, indicated Resident K preferred two weekly showers			

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	between 12:00 A.M., and 2:00 A.M., on Tuesday and Thursday and upon request. The current C wing shower schedule, dated 6/29/2015, indicated Resident K was scheduled for showers on Wednesday and Saturday between 12:00 A.M. and 2:00 A.M., by the midnight shift. Resident K's behavior detail report, provided by the DON on 9/11/2015 at 11:30 A.M., indicated the resident had refused showers from 7/13/15 to 9/11/2015, on two occasions. Resident K's bathing type detail report, provided by the DON on 9/11/2015 at 11:30 A.M., indicated from 7/22/2015 to 9/9/2015, the resident received 7 of the 15 showers he was scheduled for. Of the 7 showers the resident received, none were given per the resident's preference as recorded on the residents preference questionnaire. 5. On 9/10/2015 at 2:00 P.M., during an interview, Resident J indicated she does not get her two scheduled showers per week. She indicated she has not had a shower since her admission about one month ago. She indicated she was never interviewed for her shower preferences. The resident indicated this is her first			

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	experience in a nursing care facility and she did not know what to expect and had not asked for a shower. On 9/11/2015 at 2:00 P.M., Resident J's clinical record was reviewed. No MDS assessment information was available at this time. The resident was screened and found to be interviewable. The resident's functional status indicated the resident was totally dependent for bath and shower care, and required a wheelchair for mobility. The current resident preference questionnaire, provided by the DON, dated 8/5/2015, indicated Resident J preferred more than two weekly showers on Tuesday and Friday on the day shift. The resident preferred showers to bed baths. The current C wing shower schedule, dated 6/29/2015, indicated Resident J was scheduled for showers on Tuesday and Friday on the day shift. Resident J's behavior detail report provided by the DON on 9/11/2015 at 11:30 A.M., indication the resident had not refused any showers from 8/6/15 to 9/11/2015.			

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	Resident J's bathing type detail report, provided by the DON, on 9/11/2015 at 11:30 A.M., indicated from 8/6/2015 to 9/4/2015, the resident received 1 of 9 scheduled showers. Of the 1 shower the resident received, none were given per the resident's preference as recorded on the resident's preference questionnaire. On 9/8/2015 at 10:58 A.M., LPN (Licensed Practical Nurse) #5 indicated resident shower refusal would be found in the resident behavior sheets. On 9/11/2015 at 3:30 P.M., "Bath, Shower" policy, received from the Director of Nursing as the current policy, dated 1/8/215 and last reviewed 1/26/2015, was reviewed. The policy indicated under assessment guidelines the resident's preferences for time of day, frequency and type of bath should be observed. This Federal tag relates to Complaint IN00181423. 3.1-38(a)(2)(A)			
F 0353 SS=E Bldg. 00	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff			

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	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. 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: Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. 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.			
	Based on observation, interview and record review, the facility failed to provide sufficient nursing staff to assist a dependent resident with toileting for 1 of 3 residents observed for incontinence. (Resident C) The facility failed also failed to provide sufficient nursing staff to ensure residents received their desired showers for 5 of 12 residents who require shower assistance. (Residents B, C, J, K and Z). Findings include: 1. On 9-8-15 at 10:40 A.M., an initial tour of the facility was conducted. Resident C was observed to be in her	F 0353	Corrective action for residents B, Z, C, K, J cannot be accomplished. All residents have the potential to be affected by the deficient practice. Residents requiring assistance with toileting and or bathing are identified as being at risk to be affected by the deficient practice. Facility will continue efforts to recruit and retain sufficient staff to provide assistance with toileting and bathing per the plan of care by advertising open positions on employment web sites such as Indeed.com, Career Builder, and Monster.com, advertising open positions in print such as newspaper media, sending post card mailings to licensed nurses and certified nursing assistants	10/06/2015

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	room, in her bed. Resident C indicated, "...I have not been toileted yet this morning, they only have one CNA [Certified Nursing Assistant] over here [Hall C] today and I have a very wet bed...I normally can make it to the bathroom with assistance but I take a water pill and couldn't get any help to the bathroom...I have been waiting since 7 A.M...." On 9-8-15 at 11:00 A.M., CNA #6 indicated, "...I am the only CNA on this side [Hall C]...we have 39 residents over here today...this has been happening a lot lately...we had 4 CNA's scheduled but we had some call offs...we normally would get a CNA from the other hall [Hall B] but they didn't have any CNA's come in this morning...." On 9-8-15 at 11:10 A.M., LPN (Licensed Practical Nurse) #5 indicated, "...we have 2 nurses and 4 CNA's over here today [Hall B]...we didn't have any CNA's until 7:15 A.M. because all the CNA's called off and the CNA who worked over night had already worked 16 hours and couldn't stay...we should have 2 CNA's over night and 4 to 5 CNA's on days...we have 55 residents today...the CNA's working right now are actually managers...we still have some people in bed because we didn't have enough help this morning...."		within 50 mile radius, temporarily transferring employees from other Golden Living facilities, increasing the wage scale for employees, offering monetary incentives to identified mentors and trainers of new employees, offering referral bonuses to current employees who refer an applicant who successfully is hired, offering sign-on bonuses to new employees, and offering bonuses to employees who work additional shifts. Executive Director, Nursing Managers, and Staffing Coordinator or their designees will review the schedule to ensure appropriate level of staffing is scheduled for each shift throughout the week to ensure sufficient staff are scheduled to provide assistance with toileting and bathing per the plan of care. Nursing staff will be educated on appropriate shift to shift procedure. The C Wing nurse (working C1 cart) will be the Charge Nurse. The charge nurse will ensure appropriate staffing level is achieved before the off-going shift is permitted to leave the facility. Employees will report to C wing lounge upon arriving at the facility. Off-going shift will remain at their assignments until the Charge Nurse has determined that adequate level of staffing has been achieved. In the event that all scheduled employees do not report to work, as appropriate, the Charge Nurse will require	

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	On 9-8-15 at 11:37 A.M., LPN #4 and CNA #6 answered the call light of Resident C. A bed pad, bath blanket and bed sheet, were under Resident C, and observed to be wet with a yellow fluid. Resident C indicated to CNA #6 to roll her to her side before using the lift to get her out of bed. Resident C was observed to be unclothed from the waist down and her Peri-area was observed to be reddened. On 9-10-15 at 9:50 A.M., a record review for Resident C indicated diagnoses of, but not limited to, spinal stenosis in cervical region, hypertension and pressure ulcer to upper right thigh. Resident C's MDS (Minimum Data Set) assessment, dated 5-19-15, indicated BIMS (Brief Interview for Mental Status) of 15 out of 15, no cognitive impairment and she was occasionally incontinent. On 9-11-15 at 11:00 A.M., record review of Resident C's care plans indicated, dated 03/23/2013, "...Focus...I have a physical functioning deficit related to: Self care impairment due to my spinal stenosis, Cervical Spondylosis, Arthritis and Macular Degeneration...Interventions...Toileting assistance with Sara lift and 2 people...revision on: 06/11/2014...."		off-going employees to remain on duty until they are relieved by another qualified staff member to ensure sufficient staff are on duty to provide assistance with toileting and bathing. Certified Nursing Assistants working in other departments will be utilized as direct care providers as necessary. Director of Nursing or designee will interview residents requiring assistance with toileting to ensure toileting assistance is provided per the plan of care 5 interviews/week for 4 weeks; 3 interviews/week for 4 weeks; 1 interview/week for 4 months. Unit Manager or designee will audit the completion of showers to ensure showers are completed as scheduled 5xweek for 6 months. Director of Nursing or designee will interview residents who require assistance with bathing to ensure showers are given as scheduled 5 interviews/week for 4 weeks; 3 interviews/week for 4 weeks; 1 interview/week for 4 months. Results of these audits and interviews will be reviewed and discussed in monthly Quality Assurance Performance Improvement (QAPI) meeting through April 2016 or until deficient practice has been corrected. Plan will be revised as needed to ensure corrective action for this deficient practice has been accomplished. Addendum: Unit Managaer or designee will observe toileting of non-interviewable residents	

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	On 9-11-15 at 12:25 P.M., the Resident Council president indicated, "...we just had a council meeting 2 days ago and I do not have the minutes typed up yet...we talked about staffing during the meeting...we always do but nothing seems to change...did you know that we didn't have any CNA's the other morning on my hall?...." 2. On 9/9/2015 at 10:35 A.M., Resident B indicated she does not get the two showers per week she is scheduled to have. She indicated the CNAs (Certified Nursing Assistants) are often too busy to assist her, and many times the facility is short staffed so no one is available to help with her shower. Resident B indicated she has asked for showers multiple times and the CNAs told her they were too busy to shower her. She indicated she had never refused a shower. On 9/11/2015 at 2:00 P.M., Resident B's clinical record was reviewed. The most recent quarterly MDS (Minimum Data Set) assessment, dated 8/15/2015, indicated the diagnoses included, but were not limited to, post anoxic brain injury, diabetes, and tracheostomy. The BIMS (Brief Interview for Mental Status) indicated 15 out of 15, no cognitive deficit.		requiring assistance with toileting to ensure toileting assistance is provided per the plan of care 5 obervations/week for 4 weeks; 3 observations/week for 4 weeks; 1 observation/week for 4 months.Addendum: Unit Managers or designee will observe completion of showers for non-interviewable residents to ensure showers are completed as scheduled 5 observations/week for 4 weeks; 3 observations/week for 4 weeks; 1 observation/ week for 4 months.	

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	The resident's functional status indicated the resident required setup assistant with bathing, and required a wheelchair for mobility. The current resident preference questionnaire provided by the DON (Director of Nursing), dated 7/27/2015, indicated Resident B preferred two weekly showers on the evening shift on Wednesday and Saturday. The current C wing shower schedule, dated 6/29/2015, provided by the DON on 9/11/2015 at 11:30 A.M., indicated Resident B was scheduled for showers on Wednesday and Saturday evenings. Resident B's behavior detail report provided by the DON on 9/11/2015 at 11:30 A.M., indication the resident had not refused any showers from 7/13/15 to 9/11/2015. Resident B's bathing type detail report provided by the DON on 9/11/2015 at 11:30 A.M., indicated, from 7/13/2015 to 9/9/2015, the resident received 14 of the 17 showers she was scheduled for. Of the 14 showers the resident received, 3 were given per the resident's preference as recorded on the residents preference questionnaire.			

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	3. On 9/9/2015 at 1:25 P.M., Resident Z indicated she had not had a shower in the past two weeks. On 9/11/2015 at 2:30 P.M., Resident Z's clinical record was reviewed. The most recent quarterly MDS assessment, dated 7/23/2015, indicate the resident's functional status as extensive assistance with bathing and a wheelchair for mobility. Resident Z's BIMS indicated 15 out of 15, no cognitive impairment. The current resident preference questionnaire provided by the DON, dated 6/26/2015, indicated Resident Z preferred two weekly showers on the evening shift on Wednesday and Saturday. The current C wing shower schedule, dated 6/29/2015, indicated Resident Z was scheduled for showers on Wednesday and Saturday evenings. Resident Z's behavior detail report provided by the DON on 9/11/2015 at 11:30 A.M., indication the resident had not refused any showers from 7/16/2015 to 9/11/2015. Resident Z's bathing type detail report provided by the DON on 9/11/2015 at			

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	11:30 A.M., indicated from 7/16/2015 to 9/9/2015, the resident received 9 showers of the 16 showers she was scheduled for. Of the 9 showers the resident received, 4 were given per the resident's preference as recorded on the residents preference questionnaire. Resident Z received no showers from 9/2/2015 to the time of this record review on 9/11/2015 at 2:30 P.M. 4. On 9/9/2015 at 12:45 P.M., during an interview, Resident C indicated she does not get the two showers per week she is scheduled to have. She indicated she has not had a shower since she was discharged from the hospital about one month ago. The resident indicated she has requested showers several times and the CNAs told her they would be return to give her a shower but they never came back. Resident C indicated the only way she gets washed is when the CNAs help her to the bathroom in her wheel chair and they sometimes help wash her up at the sink. On 9/11/2015 at 2:00 P.M., Resident C's clinical record was reviewed. The most recent quarterly MDS assessment, dated 5/19/2015, indicated the diagnoses included, but were not limited to, peripheral vascular disease, diabetes, anxiety, and depression. The MDS indicated a BIMS of 15 out of 15,			

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	indicating no cognitive impairment. The resident's functional status indicated the resident was totally dependent for bath and shower care and required a wheelchair for mobility. The current resident preference questionnaire provided by the DON, dated 8/12/2015, indicated Resident C preferred two weekly showers around 5:00 A.M. on Monday and Thursday. The current C wing shower schedule, dated 6/29/2015, indicated Resident C was scheduled for showers on Monday and Thursday at 5:00 A.M. by the midnight shift. Resident C's behavior detail report, provided by the DON on 9/11/2015 at 11:30 A.M., indicated the resident had not refused any showers from 7/13/15 to 9/11/2015. Resident C's bathing type detail report, provided by the DON on 9/11/2015 at 11:30 A.M., indicated from 7/13/2015 to 9/9/2015, the resident received 6 of the 17 showers she was scheduled for. Of the 6 showers the resident received, 3 were given per the resident's preference as recorded on the residents preference questionnaire.			

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	5. On 9/9/2015 at 2:20 P.M., during an interview, Resident K indicated he does not get the two showers per week he is scheduled to have. The resident indicated he was lucky to get one weekly shower and he has asked over and over and the CNAs told him they were too busy to help him shower. He indicated that he never refuses to shower. He was sick last Saturday so staff never offered him a shower and he wanted one. On 9/11/2015 at 2:00 P.M., Resident K's clinical record was reviewed. The admission and most recent MDS assessment, dated 7/28/2015, indicated the diagnoses included but were not limited to heart failure, COPD (chronic obstructive pulmonary disease), and anxiety. The MDS indicated a BIMS of 13 out of 15, indicating no cognitive impairment. The resident's functional status indicated the resident was totally dependant for bath and shower care and required a wheelchair for mobility. The current resident preference questionnaire provided by the DON, dated 7/27/2015 and 9/1/2015, indicated Resident K preferred two weekly showers between 12:00 A.M., and 2:00 A.M., on			

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	Tuesday and Thursday and upon request. The current C wing shower schedule, dated 6/29/2015, indicated Resident K was scheduled for showers on Wednesday and Saturday between 12:00 A.M. and 2:00 A.M., by the midnight shift. Resident K's behavior detail report, provided by the DON on 9/11/2015 at 11:30 A.M., indicated the resident had refused showers from 7/13/15 to 9/11/2015, on two occasions. Resident K's bathing type detail report, provided by the DON on 9/11/2015 at 11:30 A.M., indicated from 7/22/2015 to 9/9/2015, the resident received 7 of the 15 showers he was scheduled for. Of the 7 showers the resident received, none were given per the resident's preference as recorded on the residents preference questionnaire. 6. On 9/10/2015 at 2:00 P.M., during an interview, Resident J indicated she does not get her two scheduled showers per week. She indicated she has not had a shower since her admission about one month ago. She indicated she was never interviewed for her shower preferences. The resident indicated this is her first experience in a nursing care facility and			

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	she did not know what to expect and had not asked for a shower. On 9/11/2015 at 2:00 P.M., Resident J's clinical record was reviewed. No MDS assessment information was available at this time. The resident was screened and found to be interviewable. The resident's functional status indicated the resident was totally dependent for bath and shower care, and required a wheelchair for mobility. The current resident preference questionnaire, provided by the DON, dated 8/5/2015, indicated Resident J preferred more than two weekly showers on Tuesday and Friday on the day shift. The resident preferred showers to bed baths. The current C wing shower schedule, dated 6/29/2015, indicated Resident J was scheduled for showers on Tuesday and Friday on the day shift. Resident J's behavior detail report provided by the DON on 9/11/2015 at 11:30 A.M., indication the resident had not refused any showers from 8/6/15 to 9/11/2015. Resident J's bathing type detail report,			

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	provided by the DON, on 9/11/2015 at 11:30 A.M., indicated from 8/6/2015 to 9/4/2015, the resident received 1 of 9 scheduled showers. Of the 1 shower the resident received, none were given per the resident's preference as recorded on the resident's preference questionnaire. On 9/8/2015 at 10:58 A.M., LPN (Licensed Practical Nurse) #5 indicated resident shower refusal would be found in the resident behavior sheets. On 9/8/2015 at 11:55 A.M., LPN #4 indicated Resident B does not receive all of her Tuesday and Saturday showers because the facility has a staffing shortage and there may not be staff available to help with her shower. LPN #4 indicated Resident B never refuses her showers. On 9/11/2015 at 11:30 A.M., CNA #3 indicated when a resident misses a scheduled shower for any reason, the CNA should return to the resident and offer a shower later in the shift. If the resident refuses a shower the second time, the CNA is to report the refusals to the unit nurse and document the refusals under ADL(Activities of Daily Living) in the computer. CNA #3 indicated she has been able to keep up with the resident's shower on the day shift but some CNAs			

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	may not be able to do all the scheduled showers if they are short staffed or if a CNA calls off. On 9/11/2015 at 3:30 P.M., "Bath, Shower" policy, received from the Director of Nursing as the current policy, dated 1/8/215 and last reviewed 1/26/2015, was reviewed. The policy indicated under assessment guidelines the resident's preferences for time of day, frequency and type of bath should be observed. This Federal tag relates to Complaint IN00181423. 3.1-17(a)			