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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155242 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 06/06/2014 |
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| NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF MUNCIE | STREET ADDRESS, CITY, STATE, ZIP CODE 4301 N WALNUT ST MUNCIE, IN 47303 |
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| F000000 | <p>This visit was for the Investigation of Complaints IN00149814 and IN00150189.</p> <p>Complaint IN00149814 - Substantiated, Federal deficiencies related to the allegations cited at F312.</p> <p>Compliant IN00150189 - Substantiated, Federal deficiencies related to the allegation cited at F312.</p> <p>Survey date: June 5 and 6, 2014</p> <p>Facility Number: 000146 Provider Number: 155242 AIM number: 100291200</p> <p>Survey Team: Karen Lewis, RN, TC Ginger McNamee, RN Toni Maley, BSW (June 5, 2014) Tina Smith-Staats, RN</p> <p>Census bed type: SNF/NF: 128 Total: 128</p> <p>Census payor type: Medicare: 18 Medicaid: 92 Other: 18 Total: 128</p> | F000000 | | |

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F000312 SS=D | <p>Sample: 3</p> <p>This deficiency also reflects State findings in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by Debora Barth, RN.</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.</p> <p>Based on observation, record review and interview, the facility failed to ensure residents dependent on staff for grooming and personal hygiene received those services in regards to shower and/or complete bed bath twice weekly for 3 of 3 residents (Residents #C and #E) and 1 of 3 residents reviewed for shaving (Resident #D) in a sample of 3.</p> <p>Findings include:</p> <p>1. The clinical record for Resident #C was reviewed on 6/5/14 at 2:55 p.m. Diagnoses for Resident #C included, but</p> | F000312 | <p>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>1. Affected residents have been interviewed regarding their shower preferences and are receiving showers and shaving according to their preferences.</p> <p>2. All residents have the</p> | 06/20/2014 |

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| | <p>were not limited to, diabetes, hypertension, dementia, and obesity.</p> <p>A health care plan problem, dated 12/13/13, indicated Resident #C required total assistance with all Activities of Daily Living (ADLs). One of the approaches for this problem was for the resident to have showers twice a week.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 3/9/14, indicated Resident #C had moderate cognitive impairment and was totally dependent for bathing and required extensive assistance of two or more staff for personal hygiene Review of the bathing documentation from 5/5/14 to 6/5/14, provided by the Administrator on 6/5/14 at 3:30 p.m., indicated the resident did not have a shower or full bath for the following time periods:</p> <p>May 5 - May 13, 2014 - all half baths or activity did not occur. A time period of 9 days without a recorded shower or full bath.</p> <p>May 15 - May 20, 2014 - all half baths or activity did not occur. A time period of 6 days without a recorded shower or full bath.</p> | | <p>potential to be affected. An audit of all residents and their received showers has been completed. All residents have been interviewed to ensure their shower / shaving preferences are followed.</p> <p>3.CNA's will complete the "Shower Record Sheet" to accurately recorded showers each day</p> <p>4.Unit managers will audit the "Shower Record Sheet" weekly for four weeks to ensure all residents are receiving showers according to their preference, then monthly for three months and then quarterly thereafter ongoing.</p> <p>5.The results of the audits will be submitted to the Quality Assurance Committee quarterly to ensure continued compliance.</p> | | | | |

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| | <p>May 22 - May 27, 2014 - all half baths or activity did not occur. A time period of 6 days without a recorded shower or full bath.</p> <p>The nurses notes lacked any documentation of the resident refusing showers and/or full baths from May 5 to June 5, 2014.</p> <p>During an interview with the Director of Nursing and Administrator on 6/6/14 at 10:54 a.m., the Director of Nursing indicated residents should have received showers based on their preference or twice a week. The Administrator indicated Resident #C should have had two showers or full baths every week.</p> <p>2. Resident #E's record was reviewed on 6/5/14 at 10:30 a.m. The Lifestyle History, dated 1/22/14, indicated Resident #E considered his shower a pleasure and preferred to have two showers a week. Diagnoses included, but were not limited to, acute respiratory failure, hypertension, epilepsy, severe left sided hemiparesis, dysphagia and dysarthria.</p> <p>The Resident Information sheet was provided by the ADoN on 6/5/14 at 10:30 a.m. These sheets were used by the Certified Nursing Assistance for resident care and indicated Resident #E was</p> | | | |

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| | <p>scheduled for showers on Mondays and Thursdays on the 3 -11 evening shift.</p> <p>The Bathing Report, provided by RN #1 on 6/5/14 at 1:30 p.m., indicated Resident #E had received five showers in the past 30 days. The resident had received 36 half bed baths, 1 full bed bath and 30 episodes of "Activity Did Not Occur".</p> <p>During an interview on 6/5/14 at 1:15 p.m., with RN #1, she indicated a half bath was the washing of "the armpits and privates". She also indicated the current documentation system did not allow for refusals to be documented. "I am not sure what 'Activity Did Not Occur" means. Our system doesn't allow us to chart 'refused', that's something we just found out."</p> <p>During an interview on 6/6/14 at 8:55 a.m., LPN #2 stated: "The aides come and tell me if anyone refuses a shower or bath. I can usually talk to the resident and get them to agree. If not, I just tell the aide to go back later and try again. If they still won't, then I pass it onto the next shift. This should be documented in the nursing notes."</p> | | | |