

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155209	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/25/2016
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NAME OF PROVIDER OR SUPPLIER WATERS OF CLIFTY FALLS, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 950 CROSS AVE MADISON, IN 47250
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00199797.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint IN00197141 completed on 4/19/2016.</p> <p>Complaint IN00199797 - Substantiated. Federal/state deficiencies related to the allegations are cited at F353.</p> <p>Survey dates: May 23, 24 and 25, 2016</p> <p>Facility number: 000116 Provider number: 155209 AIM number: 100266330</p> <p>Census bed type: SNF/NF: 89 Total: 89</p> <p>Census payor type: Medicare: 19 Medicaid: 44 Other: 26 Total: 89</p> <p>Sample: 3</p> <p>This deficiency reflects State findings</p>	F 0000	<p>Preparation and or execution of the plan of correction in general, or this correction in particular does not constitute an admission agreement by the facility of facts alleged or conclusions set forth in the statement of deficiencies, the plan of correction and specific corrective actions are prepared and or executed in compliance with state and federal laws</p> <p>The facility respectfully request a desk review</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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F 0353 SS=F Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 34233 on May 31, 2016.</p> <p>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS 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>			

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	<p>Based on observation, interview and record review, the facility failed to provide sufficient nursing staff based on individual care plans to maintain the highest practicable physical, mental, and psychosocial well-being of residents (Residents B, C, J and K).</p> <p>Findings include:</p> <p>During the initial tour of the facility on 5/23/2016 at 7:32 p.m., multiple call bells were observed to be sounding. A Midnight Census, dated 5/23/2016, was provided upon entrance. The Census indicated there were a total of 89 residents in the facility; 28 residents on the Clifty Creek/TCU (Transitional Care Unit) unit, 40 residents on Clifty Canyon unit (which was divided into 3 halls), and 20 residents on Hope Springs (locked dementia unit).</p> <p>On 5/23/2016 at 7:48 p.m., Licensed Practical Nurse (LPN) # 10 indicated it was "difficult" to provide timely and appropriate resident care during evening and night shifts due to staffing numbers. LPN # 10 indicated she was aware of complaints from residents and family members regarding care and wait times.</p> <p>Copies of daily, as-worked nursing schedules for March 1, 2016 through</p>	F 0353	<p>It is the policy of the facility to see that there is sufficient nursing staff to provide nursing and related services to meet the physical, mental and psycho-social needs of the residents as dictated by their plans of care Residents, B,C,J and K are being cared for by a sufficient number of staff to meet their needs as stated in their plans of care The Staffing has been reviewed by the Administrator, DON and Regional staff to meet their needs as stated in their plans of care There have been some adjustments and reallocation of assignments taking into account resident acuity and degree of dependency of the residents in the various areas where they reside Residents are experiencing their needs being met timely This includes toileting, transfers, and repositioning and getting to and from bed as desired (and as allowed by their ability/care plan) Resident C feels her call light response time is to her satisfaction and her colostomy bag is changed as needed Her plan of care is being followed Call lights for resident C and all other residents are not turned off by staff who then exit the room and do not address the concern Resident Council seessignificant improvement in call light response time as well as timeliness ofmed administration and treatments. Thecouncil will</p>	06/21/2016

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	<p>May 25, 2016 were provided by the Director of Nursing (DON) on 5/23/2016 at 8:10 p.m. and reviewed at that time. There were routinely one nurse and two Certified Nursing Assistants (CNAs) during evening shift (2:00 p.m. - 10:00 p.m.), and one nurse and one CNA during night shift (10:00 p.m. - 6:00 a.m.) on Creek/TCU unit (28 residents). There were frequently two nurses and three CNAs during evening shift, and two nurses and one CNA during night shift on Canyon. Record review and interview indicated there were occasionally only one nurse and two CNAs on evening shift on Canyon.</p> <p>1. Resident C was interviewed on 5/23/2016 at 8:42 p.m. The resident indicated there was not enough staff "through the night." Resident C indicated, "Sometimes I don't get changed till the next day. I was lying in a wet bed all night. One night I threw up everywhere and it was the next day before I got cleaned up...It was maybe 10:00 p.m. [when I vomited]. I put my call light on...she [staff] came down here and said, 'I'll let your nurse know' and she never did. Nobody came. It made me feel bad. I felt like leaving...." The resident indicated her colostomy bag was not changed/emptied in a timely manner.</p>		<p>monitor and report any concerns. There is adequate nursingstaff to give showers. These are givenon a schedule of resident preference. Falls have decreased throughout including the Hope Springs unit. Residents who reside inthe facility have the potential to be affected by this finding. The Administrator and DON have met to discussstrategies to recruit and retain. Thenursing schedule will be reviewed daily for the following day(s) by theAdministrator and DON to ensure adequate staffing is in place for the followingday(s). Any concerns will be addressedimmediately. Based on MDSdocumentation, a list of interviewable residents was compiled. Three days weekly on various shifts theDON/Designee or SSD will interview 10 of these residents to see If they are satisfied withtimely call light response as well as timely care including assist withtoileting, transfers, repositioning, getting residents in and out of bed asdesired by resident (and as allowed per ability/care plan), medication andtreatment administration, receiving ice water and other needs. Residents B, C, J and K will be included atleast weekly in this monitoring. Theseinterviews will continue until 4 consecutive weeks of zero negative findings isachieved. After that, the monitoringwill continue for 3 residents weekly</p>		

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	<p>Resident C's clinical record was reviewed on 5/25/2016 at 11:05 a.m. Diagnoses included, but were not limited to, ataxic gait (unsteady, uncoordinated walk), right foot contracture, lack of coordination, and chronic renal failure with bladder incontinence and history of renal stent. The resident was incontinent of bladder and had a colostomy (opening/stoma through which stool is drained from the intestine into a bag outside the abdomen). Quarterly Minimum Data Set (MDS) assessment, dated 4/7/2016, indicated a Brief Interview for Mental Status (BIMS) of 15; indicating the resident was cognitively intact. The resident was non-ambulatory and required extensive, two person physical assistance for transfers, toileting, and personal hygiene. The resident was at risk for pressure injury.</p> <p>A current Care Plan for Resident C, initiated 12/1/2014, indicated, "Focus: At risk for falls related to vertigo, weakness with impaired balance, incontinence & [and] unsteady gait...Interventions: Assist with ADLs [activities of daily living] as needed...Instruct resident on call light use, answer promptly...."</p> <p>A current Care Plan for Resident C, initiated 1/26/2015, indicated, "Focus:</p>		<p>for a period of not less than 6 months to ensure ongoing compliance. Then, random monitoring will occur. Note: Any concerning results of the monitoring will be addressed as discovered. The results of the monitoring will be reviewed daily (at the next CQI meeting) following the day of the monitoring. Additionally, the DON/Designee will interview 2 staff members on each shift weekly in each area of the building to see if they feel they have adequate assistance and time to complete their duties as assigned. This monitoring will continue until 4 consecutive weeks of zero negative findings is achieved. After that, 2 staff members will be interviewed weekly on various shifts and in various areas for the same information for a period of not less than 6 months to ensure ongoing compliance. After that, random interviews will be conducted. Note: Any concerning results of the interviews will be addressed as discovered. The results of the monitoring will be reviewed daily (at the next CQI meeting) following the day of the monitoring. In addition to the focused monitoring by the DON/Designee or SSD (as appropriate) the Guardian Angel Rounds will be conducted. In Guardian Angel Rounds, Department Managers are assigned to a list of residents with</p>		

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	<p>Resident requires assist with ADLs...Interventions: Assist as needed so resident is clean and dry...."</p> <p>A current Care Plan for Resident C, initiated 1/6/2015, indicated, "Focus: Resident has alteration in elimination r/t [related to]...ileostomy. Interventions: ...Change colostomy bag and appliance as needed."</p> <p>A copy of the current CNA Assignment Sheet, provided by the DON on 5/24/2016 at 1:30 p.m., indicated, "[Resident C]...# [number of staff for] Transfer: Stand-up lift 2 [people]...Toilet Schedule: Q [every] 2 H [hours]...."</p> <p>An "I Would Like to Know..."/Concern Form, dated 3/28/2016, was provided by the DON on 5/24/2016 at 3:30 p.m. The form indicated, "[Resident C] complained that her cholostomy [sic] bag is not being [changed] often enough... [Resident] said that always waiting to get cholostomy [sic] [changed] before being able to go to therapy. Smells all way when not [changed] and makes her nausea [sic]."</p> <p>A Resident Council Action Form, dated 2/18/2016, was provided by the DON on 5/24/2016 at 1:30 p.m. The document indicated, "Complaints/Concerns:</p>		<p>whomthey communicate daily prior to the daily morning meeting. Any concerns the residents have that areshared with their "Guardian Angel" will become part of the daily agenda forthat day's CQI meeting. All concernswill be have the resolution to the stated concern initiated at that time. The resolution to be followed up on dailyuntil concluded and the residents being advised of the resolution. This process will be ongoing. The Administrator/DON willask to attend a portion of each Resident Council meeting over the next 6 monthsfor feedback related to the timeliness of care as reported to the council. Any concerns will be addressed as shared. At an in-service held fornursing staff on June 14th, the following was reviewed:</p> <ol style="list-style-type: none"> 1.Dignity 2.ADLs (Activitiesof daily living) 3.Accommodation ofneeds 4.Resident's Rights In addition, necessity ofbeing timely when meeting all care needs was discussed. Any staff who fail to comply with the pointsof the in-service will be further educated and/or progressively disciplined asindicated. The results of thiscollective monitoring/interviews of staff and residents will be reviewed at themonthly QA meetings. Any patterns willbe identified. If necessary, an ActionPlan will be written by the committee. Any 				

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	<p>Residents state that they will turn call light on, CNAs will come in and turn call light off, tell Resident they will be back and they don't come back. This was reported by a couple [of] residents from Clifty Creek side of the building..."</p> <p>A Resident Council Action Form, dated 3/31/2016, was provided by the DON on 5/24/2016 at 1:30 p.m. The document indicated, "Complaints/Concerns: Call lights are not being answered in a timely manner late evenings and nights. Wait 30 minutes up to 45 minutes...Concern/Response/Resolution: Call light review done by DON. DON worked NOC [night] shift [and] monitored light timeliness. Instruction given to nurses to assist CNAs..."</p> <p>An "I Would Like to Know...."/Concern Form, dated 5/11/2016, was provided by the DON on 5/24/2016 at 3:30 p.m. The form indicated, "Staff turns call light off, goes to get nurse and no one returns. Breathing treatments should be every 4 hours, but has been waiting 7 hrs [hours] for next treatment.</p> <p>CNA #2, who routinely works evening shift (2:00 p.m. - 10:00 p.m.), was interviewed on 5/23/2016 at 8:26 p.m. The CNA indicated there were often two to three CNAs assigned for all three</p>		Action Plan will be monitored weekly by the Administrator until resolved. Note: Issues will be addressed as discussed during the monitoring process.		

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	<p>wings of Clifty Canyon (40 residents) during the evening shift and one CNA from 10 p.m. to 6:00 a.m. CNA # 2 indicated CNAs are not able to answer call lights and provide care in a timely manner, The CNA indicated there are evenings when she had five showers to give during evening shift and was alone on her wing. CNA # 2 indicated the Assistant Director of Nursing (ADON) instructed her to give residents a bed bath if she did not have enough help to shower residents. CNA # 2 indicated providing bed baths to residents took longer than showering and that it was not honoring the residents' wishes. CNA # 2 indicated residents wait so long for assistance for toileting that they are incontinent. CNA # 2 further indicated there was not enough staff to provide two person assistance for transfers, repositioning and toileting as care planned.</p> <p>CNA # 3 was interviewed on 5/23/2016 at 8:46 p.m. She indicated she works evening shift (2:00 p.m. - 10:00 p.m.) and there were some occurrences only two CNAs were on duty during evening shift for all of Clifty Creek/TCU (28 residents) and/or Clifty Canyon (40 residents). CNA # 3 indicated she must stay past 10:00 p.m. when management permits to assist night shift. CNA # 3 indicated CNAs do not have enough help to answer</p>			

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	<p>call lights and assist residents in a timely manner. CNA # 3 indicated residents were incontinent as a result of waiting so long for assistance. CNA # 3 indicated not all of the nurses would assist the CNAs and CNAs from other wings were rarely available to assist. CNA # 3 indicated there was not enough staff to provide two person assistance for transfers, repositioning, and toileting as care planned.</p> <p>On 5/23/2016 at 9:05 p.m., the Director of Nursing (DON) indicated staffing on evening and night shift was adequate and indicated there was one CNA on each wing (total of three) scheduled for 10:00 p.m. - 6:00 a.m. Regarding the multiple residents who require two plus assistance with transfers, bathing, and toileting, the DON indicated, "The other CNAs [from the other wings] are supposed to help."</p> <p>CNA # 11, who routinely works night shift, was interviewed on 5/23/2016 at 10:24 p.m. CNA # 11 indicated she was the only CNA on the wing/hall she was assigned to and the other CNAs and nurses on duty are rarely available to assist her with transfers, toileting, and/or bathing because they are too busy providing care to other residents. CNA # 11 indicated it often takes three hours to complete "bed checks" (turning,</p>			

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	<p>repositioning and toileting each resident who required assistance), which were supposed to be completed every two hours routinely. CNA # 11 indicated she feels "awful" when residents have to wait so long for care and they routinely have "accidents" (incontinent episodes) because they must wait so long to be toileted.</p> <p>CNA # 5 was interviewed on 5/23/2016 at 10:05 p.m. She indicated she routinely works night shift and was frequently the only CNA scheduled for all of Clifty Canyon (40 residents). CNA # 5 indicated, "Call lights will go off for thirty minutes and the residents get upset. Nurses can answer [call lights] too, but some don't. Hope Springs has to have two people over there because of all the falls. If one of them takes a break, one of us has to go over there." CNA # 5 indicated some nurses from other wings would not allow the CNA on that wing to leave the wing to assist on another wing. CNA # 5 indicated she and other staff members did two person transfers by themselves because residents waited so long and there was no one to assist them. CNA # 5 indicated staff on night shift is often so busy that, "wheelchairs don't get washed...can't pass water...can't get our charting done." CNA # 5 indicated she was aware of residents who were not</p>			

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	<p>turned and repositioned as care planned, who were incontinent as a result of waiting so long for assistance with toileting, and who didn't receive baths/showers as care planned. CNA # 5 indicated, "I'll walk by a resident's room and their light's been on for an hour and they'll say, "Are you by yourself again? I hate when my residents say that. It's not their fault."</p> <p>2. Resident J was interviewed on 5/24/2016 at 1:25 p.m. She indicated there was not enough staff during evening and night shift. Resident J indicated, "I push [call light], wait a half hour, push again, and keep on having to play that game." Resident J indicated she was turned, repositioned, and received incontinent care on a schedule during the day, but "they just leave me in one position [at night]...I have pain in my ankles...they're constantly throbbing. It does help to reposition...I can't feel [when I'm incontinent], so I sit in a wet bed. I have to have two people [to reposition] and they tell me they don't have enough staff. It takes forever to get one person, let alone two people."</p> <p>Resident J's clinical record was reviewed on 5/25/2016 at 11:12 a.m. Diagnoses included, but were not limited to, multiple sclerosis, rheumatoid arthritis,</p>			

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	<p>abnormal posture, neuromuscular dysfunction of bladder, and muscle weakness. Quarterly MDS assessment, dated 3/11/2016, indicated a BIMS of 15; indicating the resident was cognitively intact. The resident was non-ambulatory and required extensive, two person physical assistance for transfers, toileting, and personal hygiene. The resident was at risk for pressure injury.</p> <p>A current Care Plan for Resident J, initiated 5/27/2014, indicated, "Focus: Dx [diagnosis]: Multiple Sclerosis with impaired mobility and self care..."</p> <p>A current Care Plan for Resident J, initiated 10/1/2015, indicated, "Focus: The resident has potential for pressure ulcer development r/t impaired mobility, bowel and bladder incontinence..."</p> <p>A current Care Plan for Resident J, initiated 10/1/15, indicated, "Focus: Potential for pain/discomfort r/t multiple sclerosis with muscle spasms..."</p> <p>A current Care Plan for Resident J, initiated 5/27/2014, indicated, "Self-Care deficit R/T: decreased mobility..."</p> <p>A copy of the current CNA Assignment Sheet, provided by the DON on 5/24/2016 at 1:30 p.m., indicated,</p>			

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	<p>"[Resident J]...# [number of staff for] Transfer: Stand-up lift 2 [people]...Toilet Schedule: Q [every] 2 H [hours]...."</p> <p>An "I Would Like to Know..."/Concern Form, dated 5/5/2016, was provided by the DON on 5/24/2016 at 3:30 p.m. The form indicated, [Resident J] said she asked staff to help get her up and in w/c [wheelchair] this morning, but they did not get her up until after lunch. This happens regularly...."</p> <p>3. Resident K's clinical record was reviewed on 5/25/2016 at 11:40 a.m. Diagnoses included Parkinson's Disease, osteoporosis and muscle weakness. Quarterly MDS assessment, dated 3/7/2016, indicated a BIMS of 15; indicating the resident was cognitively intact. The resident was non-ambulatory and required extensive, two person physical assistance for transfers, toileting, and personal hygiene. The resident was occasionally incontinent. The resident was at risk for pressure injury.</p> <p>A current Care Plan for Resident K, initiated 10/10/2013, indicated, "Resident is occasionally incontinent of bladder and bowel. Goal: Resident will be clean, dry, and odor free...Interventions: Instruct res [resident] prn to use call light to see assist with ADL needs. Monitor for</p>			

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	<p>[and] assist prn with toileting needs daily...staff to assist with toileting as needed...."</p> <p>A copy of the current CNA Assignment Sheet, provided by the DON on 5/24/2016 at 1:30 p.m., indicated, "[Resident K]...# [number of staff for] Transfer: 2...Toilet Schedule: Q [every] 2 H [hours]...."</p> <p>Resident K was interviewed on 5/24/2016 at 1:16 p.m. The resident was observed in her wheelchair with a swelling and bruising of the forehead and the left eye nearly swollen shut. The resident indicated she sustained a fall from her wheelchair the evening before. She indicated she requested assistance leaning over/organizing a wooden shelving unit in her room. The resident indicated, "I had my call light on earlier, they came in and said they'd be right back, and never came back. They get upset when you ask them to do anything because they got other stuff to do." The resident indicated staffing was "worst during evenings and nights." The resident indicated she was routinely continent, but had incontinent episodes as a result of waiting so long for staff assistance with toileting. Resident K indicated her preferred bedtime was around 10:00 p.m., but she normally had</p>			

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	<p>to wait until after 11:30 p.m. for assistance with her nightly routine, toileting, and getting into bed. The resident indicated, "They [staff] keep staying, 'We're the only ones and we can get to you when we can,' and that's the way it goes...Usually if you need help, you don't get it right away...or if someone [staff] walks by and you say, 'She's hollering for help [another resident in another room requesting assistance],' they say, 'We'll get to her.' It upsets me."</p> <p>4. Resident B's clinical record was reviewed on 5/24/2016 at 1:50 p.m. Diagnoses included multiple sclerosis, seizure disorder, morbid obesity, and repeated falls. Quarterly MDS assessment, dated 4/13/2016, indicated a BIMS of 15; indicating the resident was cognitively intact. The resident required extensive, two person physical assistance for transfers, toileting, and personal hygiene. The resident was occasionally incontinent. The resident was at risk for pressure injury.</p> <p>A current Care Plan for Resident B, initiated 8/7/2015, indicated, "Resident requires assistance with ADLs...Assist as needed to keep clean and dry...."</p> <p>Resident B's Progress Notes, dated 5/5/2016 at 1:29 p.m., indicated,</p>			

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	<p>"Returned from the dentist...extracted tooth #18, 28, 27, and 30. PT [patient] is to place ice packs on cheeks for 20 minutes on and 20 minutes off for the rest of the day to help with any swelling...Norco [pain medication]...every 4-6 hours for pain...."</p> <p>Resident B's dentist was interviewed on 5/24/2016 at 2:05 p.m. She indicated she saw Resident B in her office on 5/5/2016 for a tooth extraction and was concerned because the resident, who was normally awake and lucid, was extremely tired. The dentist indicated, "When I asked her, she said she was tired because they didn't put her to bed until 3:00 a.m. the night before and left her to sleep in her wheelchair. She said, 'The nurse told me the other shift doesn't like to handle the rough ones.'" The dentist indicated she went to the facility to check on the resident at 8:00 p.m. on 5/5/2016 and found Resident B sitting in her wheelchair in her room, asleep with her head tilted back, with a pool of urine on the floor underneath her. The resident indicated to her that she had asked for assistance to go to bed, but no one came back to assist her. The dentist indicated the resident did not have any ice as directed and had not been provided any pain medication. The resident indicated to her she was in pain and indicated, "It's</p>			

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	<p>hurting me a lot."</p> <p>Resident B was interviewed on 5/25/2016 at 11:44 a.m. The resident indicated, "Before I went to the hospital [5/6/2016 - 5/7/2016], it was terrible. I would put on the call light and nobody would come to help me. I would sit and sit in this [wheel] chair [in the evening] and fall asleep."</p> <p>The Assistant Director of Nursing (ADON) was interviewed on 5/24/2016 at 11:20 a.m. He indicated CNAs working alone on units/halls during evening and night shift are to get help from CNAs on other units. The ADON indicated he has instructed staff to give residents bed baths instead of showers as care planned due to lack of help. The ADON indicated he felt staffing on evening and night shifts was adequate. The ADON indicated, "[Staffing] is according to what's recommended."</p> <p>The Activities Director (AD) was interviewed on 5/24/2016 at 1:30 p.m. She indicated she assists with monthly Resident Council meetings. The AD indicated that the concerns she heard "repeatedly" were related to call lights not being answered in a timely manner and "staff seeming like they're in a hurry almost to the point of being rude." The</p>						

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	<p>AD indicated, "The response I get [from management] is [they do] audits."</p> <p>The Executive Director (ED) was interviewed on 5/24/2016 at 3:30 p.m. She indicated, "Three people should be enough for 40 residents on night shift. Nurses can help." The ED indicated the facility did not have a written policy related to staffing.</p> <p>On 5/25/2016 at 10:49 a.m., the DON provided a Midnight Census, dated 5/23/2016 (entry) which denoted how many residents on each unit were independent, required one person assistance, required two person assistance, and the use of a mechanical/Hoyer lift. Of the 28 residents on Clifty Creek/TCU, six residents were indicated to be independent, fourteen were one person assistance, four were two person assistance, and three required mechanical/Hoyer lifts. Of the 40 residents on Clifty Canyon, fourteen residents were independent, ten were one person assistance, eleven were two person assistance, and five required mechanical/Hoyer lift. Of the 20 residents on Hope Springs, eleven were independent, three were one person assistance, five were two person assistance, and one required a</p>			
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	<p>mechanical/Hoyer lift.</p> <p>A review of the Midnight Census provided by the DON (above) was reviewed and found to have several discrepancies. When compared to CNA Assignment Sheets, MDS assessments, observations and interview, twelve residents who were indicated to be independent were one or two person assistance and five residents who were indicated to be one person assistance were two person assistance.</p> <p>The Scheduling Coordinator was interviewed on 5/25/2016 at 11:04 a.m. She indicated CNA staffing on evening and night shifts was adequate and she was not aware of any concerns. The Scheduling Coordinator confirmed that the one nurse and one CNA on Hope Springs (locked unit) were not available to float to help on other halls/units because they had to stay on the unit due to a high incidence of falls. The Scheduling Coordinator indicated that night shift nurses and CNAs had "less to do." She indicated, "After 10:00 p.m., most of them are in bed....I've worked night shift...bed checks every two hours..., they [residents] don't sleep."</p> <p>On 5/25/2016 at 12:40 p.m., the DON indicated the mechanical (Hoyer) lift</p>			

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	<p>required two people to operate. The DON indicated that the CNAs on night shift were responsible for bed checks every two hours, which included turning, repositioning and toileting each resident who required assistance. In addition, CNAs were responsible for passing fresh ice water, cleaning wheelchairs, and scheduled or as needed baths and/or showers. The DON indicated CNA duties on night shift were "the same as everyone else [on other shifts]."</p> <p>On 5/25/2016 at 12:32 p.m., the ADON indicated, "I thought there was a set number [of recommended staff]."</p> <p>On 5/25/2016 at 12:42 p.m., the Executive Director (ED) declined to provide a copy of Resident K's 5/23/2016 fall investigation because it was an "internal document." The ED did provide a copy of a Fall Risk Assessment for Resident K, dated 5/23/2016 at 6:15 p.m. The document indicated, "1. Reason for Assessment Request: Recent Falls. Ambulation/Elimination Status: Chair Bound...Progress Note: Resident has had no falls in last 3 months until today, resident is assist of 2...."</p> <p>Resident Census and Condition of Residents Form was provided by the DON on 5/25/2016 at 1:25 p.m. The</p>			

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	<p>form indicated there were 40 residents on Clifty Canyon; 37 residents required assistance of one or two staff with dressing, 30 required assistance of one or two staff for transfers, and 33 required assistance of one or two staff with toileting, and 34 required the assistance of one or two for eating. 18 required assistance of one or two staff for bathing and 18 residents were dependent for bathing. The form indicated there were no residents on Clifty Creek who were dependent for transfers. The form indicated there were 27 residents on Clifty Creek/TCU. 10 residents required the assistance of one or two staff with dressing, 23 required assistance of one or two staff for transfers, 2 residents were dependent for transfers, 24 required assistance of one or two staff with toileting, and 22 required the assistance of one or two for eating. 5 required assistance of one or two staff for bathing and 16 residents were dependent for bathing. The form indicated Hope Springs had 20 residents. 20 required assistance of one or two staff for dressing, 20 residents required the assistance of one or two for transfers and toileting, and 20 required assistance of one or two staff for eating. 6 required assistance of one or two staff for bathing and 13 residents were dependent for bathing.</p>						

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	<p>The current Resident Rights Policy and Procedure was provided by the DON on 5/23/2016 at 8:20 p.m. The policy indicated, "You have the right to be treated with respect and dignity in recognition of your individuality and preferences. You have the right to quality care and treatment...Receive care in a manner which promotes and enhances your quality of life...."</p> <p>This Federal tag relates to Complaint IN00199797.</p> <p>3.1-17(a)</p>				