

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155580	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/21/2014
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NAME OF PROVIDER OR SUPPLIER TIMBERVIEW HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2350 TAFT ST GARY, IN 46404
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F000000	<p>This visit was for the PSR (Post Survey Revisit) to the Investigation of Complaints IN00147169, IN00147527, and IN00147856 completed on April 23, 2014.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00148673 and IN00148927.</p> <p>Complaint IN00147169- Not corrected.</p> <p>Complaint IN00147527- Not corrected.</p> <p>Complaint IN00147856- Not corrected</p> <p>Survey dates: May 20 & 21, 2014</p> <p>Facility number: 008505 Provider number: 155580 AIM number: 200064830</p> <p>Survey team: Janet Adams, RN-TC Julie Ferguson, RN</p> <p>Census bed type: SNF: 4 SNF/NF: 118</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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F000282 SS=D	<p>Total: 122</p> <p>Census payor type: Medicare: 7 Medicaid: 105 Other: 10 Total: 122</p> <p>Sample: 9</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 22, 2014, by Janelyn Kulik, RN.</p> <p>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. Based on observation, record review, and interview, the facility failed to ensure the resident's plan of care was followed related to providing care with two staff members present for 1 of 3 resident's reviewed for following the residents' plan of care in the sample of 9. (Resident #K) (CNA #3)</p> <p>Findings include: On 5/21/14 at 7:34 a.m. , CNA #3 was</p>	F000282	<p>F282</p> <p>The facility requestpaper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts</i></p>	06/09/2014			

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	<p>observed walking from the middle of Resident #K's room toward the doorway. The room door was open. CNA #3 stated "Where's my other helper?"</p> <p>On 5/21/14 at 7:36 a.m. CNA #5 was observed walking down the hall towards Resident #K's room. CNA #3 stated "I already got her washed up, just need to get her pants up." CNA #5 then walked into the resident's room.</p> <p>On 5/21/14 at 7:37 a.m., CNA #7 entered the resident's room pushing a Hoyer lift (a mechanical lift). This CNA left the room at 7:41 a.m. with the Hoyer lift.</p> <p>On 5/21/14 at 7:42 a.m., CNA #3 exited the resident's room pushing the resident in a wheel chair. The CNA took the resident down the hall and left the resident near the Nursing Station.</p> <p>CNA #3 was interviewed on 5/21/14 at 7:44 a.m. The CNA indicated she washed Resident #K's face, neck, and chest areas right before CNA #5 entered the room. CNA #3 indicated no other staff members were present in the room when she provided the above care to the resident. The CNA indicated the other CNA was "usually" with her but the resident "was calm and I thought I could wash her by myself."</p>		<p><i>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.</i></p> <p>1) Immediate action taken for those residents identified:</p> <p>Resident #K: CNA #3 was re-educated and received disciplinary action for not following plan of care.</p> <p>2) How the facility identified other residents:</p> <p>Reviewed list of residents requiring "Care in Pairs". 5 residents have the potential to be affected.</p> <p>3) Measures put into place/ System changes:</p> <p>Nursing staff will be re-educated regarding following plan of care for residents who are "Care in Pairs."</p> <p>Observation and monitoring will be increased to observe each resident requiring care in pairs at least 3 times per week on varied shifts to ensure compliance.</p> <p>The Director of Nursing will be responsible for oversight of these audits.</p> <p>4) How the corrective actions will be monitored:</p>				

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	<p>The record for Resident #K was reviewed on 5/21/14 at 10:00 a.m. The resident's diagnoses included, but were not limited to, infantile cerebral palsy, chronic pain, and anemia.</p> <p>The 3/3/14 Minimum Data Set Annual Assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (15). A score of (15) indicated the resident's cognitive patterns were intact. The assessment also indicated the resident was totally dependent on staff for personal hygiene, bathing, and dressing.</p> <p>The resident's current care plans were reviewed. The care plans were last reviewed on 3/3/14. A care plan initiated on 3/4/13 indicated the resident had an ADL (Activities of Daily Living) Self Care Deficit related to limited mobility due to cerebral palsy. Care plan interventions included for "cares in pairs" to be provided.</p> <p>A "Communication Sheet" for Resident #K's hall was reviewed. The Communication Sheet indicated "Care in Pairs" was to followed for Resident #K.</p> <p>When interviewed on 5/21/14 at 10:30 a.m., the Nurse Consultant indicted staff</p>		<p>The results of these audits will be reviewed in Quality Assurance Meeting monthly x3 months, then quarterly x1 for a total of 6 months.</p> <p>5) Date of compliance: June 9, 2014</p>		

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	<p>were to provide care to Resident #K in pairs as per the residents plan of care.</p> <p>This deficiency was cited on April 23, 2014. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-35(g)(2)</p>			