

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155258	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/15/2016
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NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MANOR HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 205 MARINE DR ANDERSON, IN 46016
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00194808.</p> <p>Complaint IN00194808 - Substantiated. Federal/State deficiencies related to the allegations are cited at F312 and F353.</p> <p>Survey dates: March 14 and 15, 2016.</p> <p>Facility number: 000160 Provider number: 155258 AIM number: 100267190</p> <p>Census bed type: SNF: 14 SNF/NF: 88 Total: 102</p> <p>Census payor type: Medicare: 28 Medicaid: 58 Other: 16 Total: 102</p> <p>Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on March 16,</p>	F 0000	<p>This plan of correction is to serve as Countryside Health and Living Community's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Countryside Health and Living Community or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</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 0312 SS=D Bldg. 00	<p>2016.</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>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, interview and record review, the facility failed to ensure residents who were dependent on staff for grooming and personal hygiene received those services in regards to a shower and/or full bath twice weekly for 4 of 6 residents reviewed for assistance with activities of daily living in a sample of 6 (Residents B, C, D and F)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 3/14/16 at 11:10 a.m. Diagnoses for Resident B included, but were not limited to, coronary artery disease, heart failure, hypertension, diabetes mellitus and osteoporosis. Resident B had a current, 3/1/16, significant change Minimum Data Set assessment (MDS), which indicated the resident required extensive assistance with one person assist for hygiene and bathing.</p>	F 0312	<p>This plan of correction is to serve as Countryside Manor Health and Living Community's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Countryside Manor Health and Living Community or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. We respectfully request a desk review for this deficiency.</p> <p>F312 –483.25 – ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>All resident's personal preferences were re-assessed. All residents in the community were offered</p>	03/28/2016			

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	<p>Resident B's Activities of Daily Living (ADL) Care Plan, initiated 11/18/14 and revised 2/23/16 indicated, "Resident requires limited to extensive assist with all ADLs r/t [related to] DM [diabetes mellitus], HTN [hypertension],...."</p> <p>Approaches included, but were not limited to, "Assist with shower twice weekly" and "Allow sufficient time to perform tasks".</p> <p>The current "Shower/Bathing Schedule", provided by Unit Manager #1 on 3/14/16 at 4:00 p.m., indicated Resident B was to receive a shower twice weekly on Wednesday and Saturday.</p> <p>During review of the "Shower Record" from 2/15/16 to 3/14/16, Resident B received a shower on 2/17/16, 2/24/16, 3/2/16 and 3/9/16. Resident B did not receive a shower on 2/20/16, 2/27/16, 3/5/16 or 3/12/16.</p> <p>During an interview on 3/15/16 at 3:40 p.m., Resident B indicated she liked to receive two showers per week.</p> <p>2. The clinical record for Resident C was reviewed on 3/14/16 at 2:06 p.m. Diagnoses for Resident C included, but were not limited to, neurogenic bladder, hemiplegia, multiple sclerosis, anxiety</p>		<p>showers. All residents have been reviewed and are receiving bathing per preference and schedule.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>Residents who are dependent on staff for showers have the potential to be affected. Nursing assignment duties have been reviewed and daily routine/schedules have been adjusted to ensure resident's needs are met timely by nursing staff.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>All showers that were scheduled will be reviewed for completion and documentation at the next department head morning meeting. Any issues will be addressed forthwith. Nursing staff has been educated on shower/bathing schedule and preferences. Staffing patterns reviewed with staff and administration to ensure staffing patterns are at acceptable levels at all times so residents receive adequate support and care for their dependent needs. All refusals of care will be documented to reflect patients choice.</p> <p>How the corrective action(s) will be</p>	

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	<p>and hypertension. Resident C had a current, 2/11/16, quarterly Minimum Data Set assessment (MDS), which indicated the resident was cognitively intact and required extensive assistance with one person assist for hygiene and bathing.</p> <p>Resident C's ADL Care Plan, initiated 12/8/11 and revised 2/16/16, indicated "Resident requires extensive to total assist with all adls r/t multiple sclerosis, paraplegia." Approaches included, but were not limited to, "Assist resident with full shower 2 times weekly."</p> <p>The current "Shower/Bathing Schedule", provided by Unit Manager #1 on 3/14/16 at 4:00 p.m., indicated Resident C was to receive a shower twice weekly on Wednesday and Saturday.</p> <p>During review of the "Shower Record" from 2/15/16 to 3/14/16, Resident C received a shower on 2/17/16, 2/20/16, 2/24/16, 3/3/16 and 3/12/16. Resident C did not receive a shower on 2/27/16, 3/5/16 or 3/9/16.</p> <p>Resident C was interviewed on 3/14/16 at 11:50 a.m. She indicated she just got a shower today after 3 weeks. She indicated she was supposed to get a shower on Wednesday and Saturday.</p>		<p>monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>During the daily morning nurse meeting shower schedules from the previous day will be reviewed. Any issues will be addressed forthwith. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Compliance date: 03/28/2016. The Administrator at Countryside Manor Health and Living Community is responsible in ensuring compliance in this Plan of Correction.</p>	

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	<p>3. The clinical record for Resident D was reviewed on 3/14/16 at 12:10 p.m. Diagnoses for Resident D included, but were not limited to, rheumatoid arthritis, heart failure, hypertension, history of falls and anxiety. Resident D had a current, 12/31/15, quarterly Minimum Data Set assessment (MDS), which indicated the resident was cognitively impaired and required set-up and limited assistance from one person for hygiene and bathing.</p> <p>Resident D's ADL Care Plan, initiated 6/2/15 and revised 1/16/16, indicated "Resident transfers from another facility with decline in independent ADL participation...." Approaches included, but were not limited to, "Set up am/pm care supplies. Allow her to complete....Complete what she cannot."</p> <p>The current "Shower/Bathing Schedule", provided by Unit Manager #1 on 3/14/16 at 4:00 p.m., indicated Resident D was to receive a shower twice weekly on Monday and Thursday.</p> <p>During review of the "Shower Record" from 2/15/16 to 3/14/16, Resident D received a shower on 2/15/16, 2/18/16, 2/23/16, 2/25/16 and 3/3/16. Resident D did not receive a shower on 2/29/16,</p>			

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	<p>3/7/16, 3/10/16 and 3/14/16.</p> <p>Resident D was interviewed on 3/15/16 at 12:05 p.m. She indicated it had been 2 weeks since her last shower. She indicated it had been so long that she could not remember the days she was scheduled.</p> <p>4. The clinical record for Resident F was reviewed on 3/15/16 at 1:53 p.m. Diagnoses for Resident F included, but were not limited to, Parkinson's disease, hypertension, polymyalgia rheumatica and chronic obstructive pulmonary disease. Resident F had a current, 2/10/16, annual Minimum Data Set assessment (MDS), which indicated the resident was moderately cognitively impaired and required extensive assistance from one person for hygiene and bathing.</p> <p>Resident F's ADL Care Plan, initiated 5/11/15 and revised 2/8/16, indicated "Resident's ability to perform ADL tasks independently has deteriorated....." Approaches included, but were not limited to, "Set up am/pm care supplies. Allow her to complete...Complete what she cannot."</p> <p>The current "Shower/Bathing Schedule", provided by Unit Manager #1 on 3/14/16</p>			

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	<p>at 4:00 p.m., indicated Resident F was to receive a shower twice weekly on Monday and Thursday.</p> <p>During review of the "Shower Record" from 2/15/16 to 3/14/16, Resident D received a shower on 2/16/16, 2/19/16 and 3/8/16. Resident F did not receive a shower on 2/22/16, 2/25/16, 2/29/16, 3/3/16, 3/10/16 or 3/14/16.</p> <p>Resident F was interviewed on 3/15/16 at 9:55 a.m. She indicated she was not getting her showers twice weekly and they were never on time. She indicated she demanded a shower last week.</p> <p>Confidential CNA interviews for staff working 3/14-3/15/16 were completed. Exact times and dates withheld to maintain anonymity.</p> <p>CNA #2 indicated showers were not getting done and the residents were complaining. She indicated Hall 41 was call-light demanding and Hall 34 had more dependent residents.</p> <p>CNA #3 indicated there were not enough aides to give showers. She indicated the residents were aware the facility was staffed short.</p> <p>CNA #4 indicated both showers and</p>			

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	<p>charting were not getting done. She indicated the facility had hired more aides, but they stopped coming to work when they saw how short they were staffed. She indicated the nurses did not help.</p> <p>CNA #5 indicated it was impossible to do showers with 2 or 3 aides. She indicated residents were complaining about the lack of help and showers not getting done. She indicated new people did come in, but were scared away by the lack of staff. She indicated the nurses did not answer call lights. She indicated the Administrator was aware of the staff shortage.</p> <p>CNA #6 indicated the previous weekend was terrible. She indicated there were only 2 aides for 41 residents on one hall. She indicated showers were not getting done and there was a lack of teamwork.</p> <p>CNA #7 indicated there were not enough aides and showers were not getting done, especially in the last month.</p> <p>CNA #8 indicated they did not have enough help. She indicated the residents were complaining about the staff shortage.</p> <p>The Administrator was interviewed on</p>			

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F 0353 SS=E Bldg. 00	<p>3/15/16 at 3:15 p.m. He indicated the facility was trying to get more people hired. He indicated he had approximately 20 CNA students starting their orientation classes next week and he hoped to get some hired from the class. He indicated the facility has been low-staffed for about 4-6 weeks.</p> <p>During an interview on 3/15/16 at 3:50 p.m., the facility scheduler, indicated it was harder to get nurses to work extra hours. She was unsure why there was a current "staff drought."</p> <p>This Federal tag relates to Complaint IN00194808.</p> <p>3.1-38(a)(2)(A)</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>				

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	<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> <p>Based on interview and record review, the facility failed to provide sufficient nursing and CNA staff to meet the needs of residents related to basic care and medication administration for 5 of 6 residents who were interviewed for staffing (Resident's B, C, D, F and G)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 3/14/16 at 11:10 a.m. Diagnoses for Resident B included, but were not limited to, coronary artery disease, heart failure, hypertension, diabetes mellitus and osteoporosis. Resident B had a current, 3/1/16, significant change Minimum Data Set assessment (MDS), which indicated the resident required extensive assistance with one person assist for hygiene and bathing.</p> <p>Resident B's Activities of Daily Living (ADL) Care Plan, initiated 11/18/14 and revised 2/23/16, indicated "Resident</p>	F 0353	<p>This plan of correction is to serve as Countryside Manor Health and Living Community's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Countryside Manor Health and Living Community or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. We respectfully request a desk review for this deficiency.</p> <p>F353 –483.30 – SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>All resident's personal preferences were re-assessed. All residents in the community were offered showers. All residents have been reviewed and are receiving bathing per preference and schedule.</p>	03/28/2016			

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	<p>requires limited to extensive assist with with all ADLs r/t [related to] DM [diabetes mellitus], HTN [hypertension],...." Approaches included, but were not limited to, "Assist with shower twice weekly" and "Allow sufficient time to perform tasks".</p> <p>The current "Shower/Bathing Schedule", provided by Unit Manager #1 on 3/14/16 at 4:00 p.m., indicated Resident B was to receive a shower twice weekly on Wednesday and Saturday.</p> <p>During review of the "Shower Record" from 2/15/16 to 3/14/16, Resident B received a shower on 2/17/16, 2/24/16, 3/2/16 and 3/9/16. Resident B did not receive a shower on 2/20/16, 2/27/16, 3/5/16 or 3/12/16.</p> <p>During an interview on 3/15/16 at 3:40 p.m., Resident B indicated she liked to receive two showers per week.</p> <p>2. The clinical record for Resident C was reviewed on 3/14/16 at 2:06 p.m. Diagnoses for Resident C included, but were not limited to, neurogenic bladder, hemiplegia, multiple sclerosis, anxiety and hypertension. Resident C had a current, 2/11/16, quarterly Minimum Data Set assessment (MDS), which indicated the resident was cognitively</p>		<p>Residents dependent on staff for care needs will receive sufficient staff to meet those needs per plan of care. The facility continues to recruit and hire CNA positions. Resident's PRN pain medication administration times were reviewed and medications are given per time resident requests.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>Residents who are dependent on staff for showers have the potential to be affected. Nursing assignment duties have been reviewed and daily routine/schedules have been adjusted to ensure resident's needs are met timely by nursing staff.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Staff has been educated to attempt to resolve all resident request/needs in a timely manner.</p> <p>Staffing patterns reviewed with staff and administration to ensure staffing patterns are at acceptable levels at all times so residents receive adequate support and care for their needs.</p> <p>Staffing coordinator, nursing staff, and on-call managers to be</p>				

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	<p>intact and required extensive assistance with one person assist for hygiene and bathing.</p> <p>Resident C's ADL Care Plan, initiated 12/8/11 and revised 2/16/16, indicated "Resident requires extensive to total assist with all adls r/t multiple sclerosis, paraplegia." Approaches included, but were not limited to, "Assist resident with full shower 2 times weekly."</p> <p>The current "Shower/Bathing Schedule", provided by Unit Manager #1 on 3/14/16 at 4:00 p.m., indicated Resident C was to receive a shower twice weekly on Wednesday and Saturday.</p> <p>During review of the "Shower Record" from 2/15/16 to 3/14/16, Resident C received a shower on 2/17/16, 2/20/16, 2/24/16 3/3/16 and 3/12/16. Resident C did not receive a shower on 2/27/16, 3/5/16 or 3/9/16.</p> <p>Resident C was interviewed on 3/14/16 at 11:50 a.m. She indicated she just got a shower today after 3 weeks. She indicated she was supposed to get a shower on Wednesday and Saturday. She indicated that both 1st and 2nd shift were staffed the lowest. She indicated she has had to wait for her call light to be answered for 35 minutes.</p>		<p>re-educated on minimum staffing patterns, on call –procedures, including minimum staffing and call in replacements, and time frames for reporting call offs.</p> <p>Staffing thresholds for all shifts have been put into place and staff has been in serviced to contact the administrator and/or the director of nursing if any shift does not meet the staffing threshold. The director of nursing, administrator or designee will ensure that all shifts that are scheduled, according to the acceptable staffing patterns, are filled or a replacement will be provided. This is to ensure; medication is administered timely, residents are repositioned per individual needs, transfers of residents are performed adequately, activities of daily living are provided timely and all other dependent needs of the residents are met for each shift.</p> <p>Resident interviews will be conducted weekly x 8 weeks to ensure care needs are being met.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>During the daily morning nurse meeting shower schedules from the previous day will be reviewed. Any issues will be addressed forthwith.</p>				

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	<p>3. The clinical record for Resident D was reviewed on 3/14/16 at 12:10 p.m. Diagnoses for Resident D included, but were not limited to, rheumatoid arthritis, heart failure, hypertension, history of falls and anxiety. Resident D had a current, 12/31/15, quarterly Minimum Data Set assessment (MDS), which indicated the resident was cognitively impaired and required set-up and limited assistance from one person for hygiene and bathing.</p> <p>Resident D's ADL Care Plan, initiated 6/2/15 and revised 1/16/16, indicated "Resident transfers from another facility with decline in independent ADL participation...". Approaches included, but were not limited to, "Set up am/pm care supplies. Allow her to complete....Complete what she cannot."</p> <p>The current "Shower/Bathing Schedule", provided by Unit Manager #1 on 3/14/16 at 4:00 p.m., indicated Resident D was to receive a shower twice weekly on Monday and Thursday.</p> <p>During review of the "Shower Record" from 2/15/16 to 3/14/16, Resident D received a shower on 2/15/16, 2/18/16, 2/23/16, 2/25/16 and 3/3/16. Resident D did not receive a shower on 2/29/16,</p>		<p>PRN pain medication administration times report will be monitored daily x 4 weeks, monthly x1, and quarterly thereafter for a total of 12 weeks.</p> <p>Facility Administrator will be responsible for ensuring compliance.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Compliance date: 3/28/2016. The Administrator at Countryside Manor Health and Living Community is responsible in ensuring compliance in this Plan of Correction.</p>				

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	<p>3/7/16, 3/10/16 and 3/14/16.</p> <p>Resident D was interviewed on 3/15/16 at 12:05 p.m. She indicated it had been 2 weeks since her last shower. She indicated it had been so long that she could not remember the days she was scheduled. Resident D smiled and made no comment about staffing.</p> <p>4. The clinical record for Resident F was reviewed on 3/15/16 at 1:53 p.m. Diagnoses for Resident F included, but were not limited to, Parkinson's disease, hypertension, polymyalgia rheumatica and chronic obstructive pulmonary disease. Resident F had a current, 2/10/16, annual Minimum Data Set assessment (MDS), which indicated the resident was moderately cognitively impaired and required extensive assistance from one person for hygiene and bathing.</p> <p>Resident F's ADL Care Plan, initiated 5/11/15 and revised 2/8/16, indicated "Resident's ability to perform ADL tasks independently has deteriorated....". Approaches included, but were not limited to, "Set up am/pm care supplies. Allow her to complete....Complete what she cannot."</p> <p>The current "Shower/Bathing Schedule",</p>			

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	<p>provided by Unit Manager #1 on 3/14/16 at 4:00 p.m., indicated Resident F was to receive a shower twice weekly on Monday and Thursday.</p> <p>During review of the "Shower Record" from 2/15/16 to 3/14/16, Resident D received a shower on 2/16/16, 2/19/16 and 3/8/16. Resident F did not receive a shower on 2/22/16, 2/25/16, 2/29/16, 3/3/16, 3/10/16 or 3/14/16.</p> <p>Resident F was interviewed on 3/15/16 at 9:55 a.m. She indicated she was not getting her showers twice weekly and they were never on time. She indicated she demanded a shower last week. She indicated they [facility] needs more help. She indicated they do answer the call lights, but turn them off and leave. She indicated it takes "forever" for them to come back.</p> <p>5. The clinical record for Resident G was reviewed on 3/15/16 at 2:36 p.m. Diagnoses for Resident G included, but were not limited to, chronic obstructive pulmonary disease, pneumonia, cellulitis of right lower limb and pain. Resident G had a current, 3/9/16, entry Minimum Data Set assessment (MDS not completed). No additional information was noted.</p>			

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	<p>Review of the progress notes, dated 3/10/16, indicated Resident G was alert and oriented.</p> <p>Resident F's Care Plan, initiated 3/10/16, indicated a problem related to congestive heart failure. Approaches included, but were not limited to, "Administer medication per physician order. Evaluate/record/report effectiveness/adverse side effects."</p> <p>Review of a current Physician's Order sheet indicated the following medications for pain relief were prescribed: gabapentin 300 mg three times daily and hydrocodone-acetaminophen-schedule II 7.5-325 mg every 4 hours as needed.</p> <p>During an interview on 3/15/16 at 12:15 p.m., Resident G indicated the past weekend was terrible for staffing. She indicated she asked for pain pills and ice packs on two separate occasions and she did not receive either. She indicated she had to wait until the day shift to get her medication.</p> <p>Review of the Medication Administration Record (MAR) for March, Resident G received hydrocodone-acetaminophen 7.5 on 3/12/16 at 2:18 a.m., 9:25 a.m., and 7:30 p.m. On 3/13/16, Resident G received the medication at 8:34 p.m.</p>			

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	<p>Confidential CNA interviews for staff working 3/14-3/15/16 were completed. Exact times and dates withheld to maintain anonymity.</p> <p>CNA #2 indicated showers were not getting done and the residents were complaining. She indicated Hall 41 was call-light demanding and Hall 34 had more dependent residents.</p> <p>CNA #3 indicated there were not enough aides to give showers. She indicated the residents were aware the facility was staffed short.</p> <p>CNA #4 indicated both showers and charting were not getting done. She indicated the facility had hired more aides, but they stopped coming to work when they saw how short they were staffed. She indicated the nurses did not help.</p> <p>CNA #5 indicated it was impossible to do showers with 2 or 3 aides. She indicated residents were complaining about the lack of help and showers not getting done. She indicated new people did come in, but were scared away by the lack of staff. She indicated the nurses did not answer call lights. She indicated the Administrator was aware of the staff</p>			

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	<p>shortage.</p> <p>CNA #6 indicated the previous weekend was terrible. She indicated there were only 2 aides for 41 residents on one hall. She indicated showers were not getting done and there was a lack of teamwork.</p> <p>CNA #7 indicated there were not enough aides and showers were not getting done, especially in the last month.</p> <p>CNA #8 indicated they did not have enough help. She indicated the residents were complaining about the staff shortage.</p> <p>The Administrator was interviewed on 3/15/16 at 3:15 p.m. He indicated the facility was trying to get more people hired. He indicated he had approximately 20 CNA students starting their orientation classes next week and he hoped to get some hired from the class. He indicated the facility had been low-staffed for about 4-6 weeks.</p> <p>During an interview on 3/15/16 at 3:50 p.m., the facility scheduler, indicated it was harder to get nurses to work extra hours. She was unsure why there was a current "staff drought."</p> <p>Review of the facility schedule for the</p>			

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	<p>month of March, which was provided by the Administrator on 3/15/16 at 3:55 p.m., indicated the following:</p> <p>Saturday, March 5, 2016-total census 99, budgeted hours 309.94, floor hours scheduled 288.5, actual hours worked 258.25</p> <p>Sunday, March 6, 2016-total census 99, budgeted hours 302.94, floor hours scheduled 279.0, actual hours worked 269.0.</p> <p>Saturday, March 12, 2016-total census 101, budgeted hours 309.06, floor hours scheduled 251, actual hours worked 259.25.</p> <p>Sunday, March 13, 2016-total census 105, budgeted hours 321.30, floor hours scheduled 258.5, actual hours worked 269.33.</p> <p>During an interview on 3/15/16 at 4:00 p.m., the Administrator indicated the budgeted PPD (per patient day) did not include any management person or anyone that worked Monday through Friday. The facility had more personnel in the building during the week that did not reflect on the schedule.</p> <p>This Federal tag relates to Complaint</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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