

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155217	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/17/2012
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NAME OF PROVIDER OR SUPPLIER WATERS OF HUNTINGBURG THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1712 LELAND DR HUNTINGBURG, IN 47542
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F0000	<p>This visit was for the Investigation of Complaint IN00107716.</p> <p>This visit was done in conjunction with the Recertification and State Licensure Survey.</p> <p>Complaint IN00107716 - Substantiated. Federal/state deficiencies related to the allegations are cited at F279, F312 and F353.</p> <p>Survey Dates: 5/9, 5/10, 5/11, 5/14, 5/15, 5/16, 5/17/2012</p> <p>Facility Number: 000122 Provider Number: 155217 AIM Number: 100290560</p> <p>Survey Team: Martha Saull, RN, TC Terri Walters, RN Carole McDaniel, RN Dorothy Watts, RN (5/9, 5/10, 5/11/2012)</p> <p>Census Bed Type: SNF/NF: 73 Total: 73</p> <p>Census Payor Type: Medicare: 12 Medicaid: 44</p>	F0000		

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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	<p>Other: 17 Total: 73</p> <p>Sample: 21</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 5/25/12 by Suzanne Williams, RN</p>						

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview and record review, the facility failed to ensure a resident had a plan of care to address bathing and showering, refusals, and alternate measures attempted, for 1 of 3 residents reviewed for ADL (activities of daily living) care. Resident #A</p> <p>Findings include:</p> <p>Resident #A's record was reviewed on 5/16/12 at 2:00 p.m. The most recent MDS (Minimum Data Set assessment) dated 4/10/12, indicated</p>	F0279	<p>F-279D COMPREHENSIVE CARE PLANS</p> <p>The facility's intent is to develop an accurate care plan to ensure to address bathing/showering, refusals, and alternate measures attempted.</p> <p>A. ACTIONS TAKEN:</p> <p>1. In regards to Residents # A: the care plan was updated to include a bathing schedule per her choice, with alternatives of either a bath, shower, and/or bed bath; staff interventions for refusals, alternate measures attempted and notification of the DON if resident</p>	06/11/2012

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	<p>the following for the resident: total cognition summary score was a 13, which indicated the resident was cognitively intact; the resident required limited assistance to walk in her room, with transfers, personal hygiene and toileting; the resident required extensive assistance with dressing and for using the bathroom, the resident required one person physical assistance.</p> <p>On 5/16/12 at 10:25 A.M., CNA (certified nursing assistant) #10 was interviewed. She indicated each resident is to have two showers a week. She indicated if a resident refuses a shower, they approach them three separate times to try to get them to take a shower.</p> <p>On 5/16/12 at 11:50 A.M., CNA #12 was interviewed. She indicated they document showers in the ADL (activities of daily living) book. She indicated they also document showers on the CNA Bath Checklist. They document on the CNA Bath Checklist if the resident refuses a shower.</p> <p>On 5/16/12 at 12:00 P.M., the DON (Director of Nursing) was interviewed. The DON indicated if a resident is refusing, she will go talk to the</p>		<p>continues to refuse.</p> <p>B. OTHERS IDENTIFIED:</p> <p>1. 100% audit of all resident care plans completed in regard to bathing schedules and refusals. No other residents were affected.</p> <p>C. MEASURES TAKEN:</p> <p>1. All Licensed Staff were in-serviced on Care Plan development/revision; which include a resident preferred bathing schedule; and alternative measures attempted if a resident refuses.</p> <p>D. HOW MONITORED:</p> <p>1. The IDT will audit/review and update all care plans quarterly and prn per the MDS schedule.</p> <p>2. The CEO/Designee will monitor for compliance in weekly QA stand-up meeting; will review audits in the monthly QA meeting with the IDT; and quarterly in QA meeting with the Medical Director.</p> <p>D. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements, out date of</p>				

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	<p>resident to see if they want a different time, day, etc., for their shower.</p> <p>On 5/16/12 at 1:00 P.M., the DON provided copies of Resident #A's CNA bath checklist for April (beginning the week of 4/8/12) and May 2012. She indicated this resident was offered showers on Tuesdays and Fridays. These checklists were for the following dates with the following information: 4/10: shower given; 4/13: refused shower; 4/17: shower given; 4/24: refused shower, "(employee name) notified and she still said no"; 4/27: refused; 5/1: shower given; 5/8: refused shower: needs to be talked to about refusing: 5/15: shower.</p> <p>On 5/16/12 at 1:52 p.m., the DON was interviewed. She indicated when residents refuse a shower, she would expect that they try again by another person and/or another day and/or another time. The DON indicated for Resident #A, she was unable to locate documentation of a plan of care for any other interventions/approaches being attempted or changes attempted due to Resident #A's refusal to take her showers.</p> <p>On 5/16/12 at 3:00 P.M., the DON</p>		<p>completion is: June 11, 2012.</p>	
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	<p>indicated she was unable to find documentation of the missing shower days for the resident on 4/20/12 and 5/4/12.</p> <p>On 5/16/12 at 3:45 P.M., the DON provided a current facility policy and procedure for "Bath/Shower-Dependent". This policy was dated 1/07. The policy indicated the following: "A bath (shower/tub) for cleanliness and comfort is scheduled at least weekly for each resident."</p> <p>This federal tag related to complaint IN00107716.</p> <p>3.1-35(a)</p>			

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F0312 SS=D	<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 interview and record review, the facility failed to ensure a resident received the designated number of showers for 1 of 3 residents reviewed for ADL (activities of daily living) care. Resident #A</p> <p>Findings include:</p> <p>Resident #A's clinical record was reviewed on 5/16/12 at 2:00 P.M. The most recent MDS (minimum data set assessment) dated 4/10/12 indicated the following for the resident: total cognition summary score was a 13, which indicated the resident was cognitively intact; the resident requited limited assistance to walk in her room, with transfers, personal hygiene and toileting; the resident required extensive assistance with dressing and for using the bathing, the resident required 1 person physical assistance.</p> <p>On 5/16/12 at 10:25 A.M., CNA (certified nursing assistant) #10 was interviewed. She indicated each</p>	F0312	<p>F-312D ADL CARE PROVIDED FOR DEPENDENT RESIDENTS The facility's intent is to ensure all residents receive the designated number of showers/baths.</p> <p>A. ACTIONS TAKEN:</p> <p>1. In regards to Residents # A: a meeting was held with the resident to determine a bathing schedule per her choice, with alternatives of either a bath, shower, and/or bed bath.</p> <p>B. OTHERS IDENTIFIED:</p> <p>1. 100% audit of all resident completed in regard to bathing schedules and refusals. No other residents were identified.</p> <p>C. MEASURES TAKEN:</p> <p>1. All Licensed Staff were in-serviced on assisting/encouraging residents with preferred bathing schedule; and alternative choices.</p> <p>D. HOW MONITORED:</p> <p>1. The IDT will audit/review and update all care plans and CNA</p>	06/11/2012			

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	<p>resident is to have 2 showers a week. She indicated if a resident refuses a shower, they approach them 3 separate times to try to get them to take a shower.</p> <p>On 5/16/12 at 11:50 A.M., CNA #12 was interviewed. She indicated they document showers in the ADL (activities of daily living) book. She indicated they also document showers on the CNA Bath checklist. They document on the CNA Bath checklist if the resident refuses a shower. When this form (the CNA Bath checklist) is completed, the CNAs give it to the nurse so they can sign it . CNA #12 indicated they don't doc (document) on the ADL book if a resident refuses a shower. CNA #12 indicated the DON keeps sheets (the CNA Bath checklist).</p> <p>On 5/16/12 at 12 P.M., the DON (Director of nursing) was interviewed. The DON indicated if a resident is refusing, she will go talk to the resident to see if they want a different time, day, etc. for their shower.</p> <p>On 5/16/12 at 1:00 P.M.,the DON provided copies of resident #A's CNA bath checklist for April (beginning the week of 4/8/12) and May 2012. She indicated this resident was offered</p>				<p>pocket worksheets for resident preferred bathing schedule quarterly and prn per the MDS schedule.</p> <p>2. The CEO/Designee will monitor for compliance in weekly QA stand-up meeting; will review audits in the monthly QA meeting with the IDT; and quarterly in QA meeting with the Medical Director.</p> <p>D. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements, out date of completion is: June 11, 2012.</p>		

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	<p>showers on Tuesdays and Fridays. These checklists were for the following dates with the following info: 4/10: shower given; 4/13: refused shower; 4/17: shower given; 4/24: refused shower," (employee name) notified and she still said no"; 4/27: refused; 5/1 : shower given; 5/8: refused shower: needs to be talked to about refusing: 5/15: shower.</p> <p>On 5/16/12 at 1:52 p.m. the DON was interviewed. She indicated when residents refuse a shower, she would expect that they are tried again by another person and/or another day and/or another time.</p> <p>On 5/16/12 at 3:00 P.M., the DON indicated she was unable to find documentation of the missing shower days for the resident on 4/20/12 and 5/4/12.</p> <p>On 5/16/12 at 3:45 P.M., the DON provided a current facility policy and procedure for "Bath/Shower-Dependent". This policy was dated 1/07. The policy indicated the following: "A bath (shower/tub) for cleanliness and comfort is scheduled at least weekly for each resident."</p> <p>This federal tag related to complaint</p>			

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	IN00107716. 3.1-38(a)(3)			

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F0353 SS=E	<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> <p>Based on observation, interview and record review, the facility failed to ensure adequate staffing for prompt call light response for 13 of 30 residents interviewed confidentially. Residents V, Q, L, U, M, G, B</p> <p>Findings include:</p> <p>Interviews were conducted with cognitively screened residents on 5/09, 10, 2012 day shifts. During interview of 30 residents regarding sufficient staffing there were 13 residents who indicated there were</p>	F0353	<p>F-353E SUFFICIENT 24-HOUR NURSING STAFF PER CARE PLANS It is the facility's intent to ensure adequate staffing for prompt call light response.</p> <p>A. ACTIONS TAKEN: 1. In regards to Residents # V, Q, L, U, M, G, B: The Park Place Unit rooms 301-311 will be closed, placing all residents in these rooms on Unit 1 and Unit 2. Residents/Families will be given prior notice and transfer papers signed.</p> <p>B. OTHERS IDENTIFIED:</p>	06/11/2012

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	<p>not adequate numbers of staff to respond to call lights in a reasonable length of time. Some comments related by seven of those residents included:</p> <p>1. a. Resident V "Sometimes have waited an hour and a half...usually I call to go to the bathroom. I told them and they kind of pushed it off. I was told I went too much so I timed it and I don't think twice all day is unreasonable."</p> <p>b. Resident Q "If I put my call light on they do not come promptly...have to wait at least a half hour...it's that way all the time...I need help to go to the bathroom so that makes it hard." On 5/09/12 from 11:55 A.M. until 12:10 P.M. this resident's call light was observed to be on. After it was answered, the resident remarked, "That was much better than usual. They are really on it today."</p> <p>c. Resident L "It takes awhile for them to answer my call light, 20 to 25 minutes." "Thirty minutes or longer if they are busy with showers." "It gets on your nerves."</p> <p>2. A confidential interview with Resident U, indicated a problem with prompt answering of her call light.</p>				<p>1. All residents would have the potential to be affected.</p> <p>C. MEASURES TAKEN:</p> <p>1. All Nursing Staff was in-serviced on answering call lights promptly and assisting residents with their needs.</p> <p>D. HOW MONITORED:</p> <p>1. The Staffing Coordinator will schedule adequate staff on each unit. The DON/Designee will monitor for compliance by auditing the staffing sheet daily in the daily QA stand-up meeting.</p> <p>2. The Administrator /Designee will review all audits as completed.</p> <p>3. The Adm. /Designee will review all audits daily to ensure compliance; will review weekly in QA meeting with the IDT; and at the quarterly QA meeting with the Medical Director.</p> <p>E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements, out date of completion is: June 11, 2012.</p>		

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	<p>She indicated during interview it sometimes takes a hour or longer for her call light to be answered. She indicated she thought it should only take 15 minutes. She indicated a delay in answering her call light did not occur on any specific shift, but on all shifts. She indicated she doesn't think the facility has enough staff.</p> <p>3. A confidential interview with Resident M, indicated a problem with not enough staff to care for residents promptly. She indicated on her unit, there was a large number of residents who can't do a lot of their own care. She indicated her unit had only 1 CNA on each shift. She indicated on her unit, there was one resident who needed the assistance of 2 staff members to toilet. She indicated that takes 2 staff members away from the other residents on her unit who also need care. She also indicated her unit frequently had new staff that "don't know what they are doing."</p> <p>4. On 5/17/12, during interview with the LPN Staffing Schedule Manager, she indicated the facility master plan for scheduling included staffing hours required based primarily on census. She indicated if the work load or resident care needs dramatically changed, the facility could submit a</p>						

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	<p>request for approval of an increase in staffing. She indicated there had not been staffing changes in the past few months. On day shift on the Park Place unit, 1 nurse and one CNA were scheduled. On the night shift on Unit 2, 1 nurse and 1 CNA were scheduled. On the night shift from 11:00 P.M. to 3:00 A.M., there was 1 CNA alone on Park Place who was to call the unit 2 nurse if assistance was required, and from 3:00 AM until 7:00 A.M. there was one nurse and 1 CNA scheduled.</p> <p>5. On 5/14/12 at 1:40 P.M., a confidential family member of Resident G was interviewed. This family member stated "they need more workers here. It's not right when they have two workers in the hall helping to put someone back to bed and then there is no one else to help other residents. I have gone to the front office and told them. I don't want to get the girls in trouble but they really need more help here."</p> <p>6. On 5/10/12 at 2:20 P.M. confidential interview was conducted with Resident B. She stated regarding the facility and staffing, "they could use more help; people keep quitting."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155217		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/17/2012	
NAME OF PROVIDER OR SUPPLIER WATERS OF HUNTINGBURG THE				STREET ADDRESS, CITY, STATE, ZIP CODE 1712 LELAND DR HUNTINGBURG, IN 47542			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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			
	<p>7. On 5/17/12 at 2:20 P.M. the resident council meeting minutes were reviewed. The meeting minutes dated 3/2/12, indicated the following as new concerns: "Several residents from all units were c/o (complaining of) waiting for very long periods to go to the bathroom."</p> <p>This federal tag related to complaint IN00107716.</p> <p>3.1-17(a)</p>						