

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155810	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/25/2014
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NAME OF PROVIDER OR SUPPLIER  VERNON MANOR CHILDRENS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1955 S VERNON ST WABASH, IN 46992
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F000000	<p>This visit was for the Investigation of Complaint IN00147659 and Complaint IN00148223.</p> <p>Complaint IN00147659-Substantiated. Federal deficiencies related to the allegations are cited at F323, F353 and F514.</p> <p>Complaint IN00148223-Substantiated. Federal deficiencies related to the allegations are cited at F241 and F353.</p> <p>Survey dates: April 23, 24 and 25, 2014.</p> <p>Facility number: 000274 Provider number: 155810 AIM number: 100271660</p> <p>Survey team: Shelley Reed, RN TC</p> <p>Census bed type: SNF/NF: 87 Total: 87</p> <p>Census payor type: Medicare: 3 Medicaid: 84 Total: 87</p> <p>Sample: 10</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2</p> <p>Quality review completed by Debora Barth, RN.</p>	F000000	<p>This plan of correction constitutes my written allegation of compliance or the alleged deficiencies cited.</p> <p>However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This plan is submitted to meet requirements established by state and federal law.</p> <p>Plan of Compliance is effective: May 23, 2014</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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F000241 SS=E	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on interview and record review, the facility failed to ensure dependent residents were provided the necessary clothing items in a manner to preserve their dignity regarding personal appearance and necessary clothing items for 3 of 3 residents reviewed for dignity (Residents I, J and K).</p> <p>Findings include:</p> <p>1. The clinical record for Resident (I) was reviewed on 4/25/14 at 1:00 p.m. Diagnoses for the resident included, but were not limited to, microcephalus, seizure disorder and osteoporosis.</p> <p>The quarterly Minimum Data Set (MDS) assessment, dated 3/31/14, indicated Resident (I) was severely cognitively impaired. Resident (I) received the following Activities of Daily Living (ADL) assistance; transfer-dependent with two person assist, dressing, eating and hygiene-dependent with one person assist. Resident (I) was incontinent of bowel and bladder.</p> <p>A health care plan problem, dated 4/3/14, indicated Resident (I) required assistance in performing ADL's due to little/no potential for improvement in capabilities due to Mental Retardation. One of the approaches to the problem included, but was not limited to, bath</p>	F000241	<p><b>F 241 Dignity and Respect of Individuality</b></p> <p><b>Corrective action for residents identified:</b> Resident I, J, K and all residents were observed to have clothing items available to meet their needs. The listed clothing items requested by staff for residents were purchased on May 1, 2014.</p> <p><b>Identification of others at risk:</b> Clothing for dependent residents will be purchased within at least four weeks of notification of need in order to ensure sufficient clothing inventory to maintain resident dignity.</p> <p><b>Measures to ensure this deficient practice does not recur:</b> Resident clothing requests will be reviewed in the manager's morning meeting. The requested clothing item list will be maintained by the Activity Director and given to the Executive Director for review. Clothing purchasing will be scheduled</p>	05/23/2014

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	<p>2x weekly and change clothing daily and more often if needed.</p> <p>Review of a request form for "resident clothing needs", dated 2/10/14, indicated a request for 8 long sleeve shirts, 5 stretch pants, 6 gowns and 6 bras had been submitted. The form indicated Resident (I) had no gowns and no bras. The form had "ASAP/Urgent" at the top of the page.</p> <p>The form indicated on 2/10/14 the Activity Director stated the resident did not have a guardian due to a death. A new guardianship was in process. No additional information was listed.</p> <p>2. The clinical record for Resident (J) was reviewed on 4/25/14 at 1:15 p.m. Diagnoses for the resident included, but were not limited to, cytomegaloviral disease, severe cerebral palsy, aphasia and dysphagia.</p> <p>The quarterly Minimum Data Set (MDS) assessment, dated 1/27/14, indicated Resident (J) was severely cognitively impaired. Resident (J) received the following Activities of Daily Living (ADL) assistance; transfer-dependent with two person assist, dressing, eating and hygiene-dependent with one person assist. Resident (J) was incontinent of bowel and bladder.</p> <p>A health care plan problem, dated 3/13/14, indicated Resident (J) required assistance in performing ADL's due to: little/no potential for improvement in capabilities due to Mental Retardation. One of the approaches to the problem included, but was not limited to, bath 2x weekly and change clothing daily and more often if needed.</p>		<p>monthly.</p> <p><b>Monitoring of corrective action:</b> The Executive Director and/or management team will monitor daily during facility rounds to ensure dependent resident dignity is preserved regarding appropriate clothing. Results of the managers monitoring rounds to will be reviewed during the morning managers meeting. The Activity Director will present resident clothing needs list during the manager's morning meeting. The Executive Director will review the resident clothing needs list and monitor to ensure resident clothing is purchased timely. Monitoring to ensure timely procurement of clothing items on resident needs list will be ongoing with the results reported through the Quality Assurance Committee monthly.</p>	

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	<p>Review of a request form for "resident clothing needs", dated 2/10/14, indicated a request for 3 gowns, 4 bras, 6 short sleeve shirts and 5 shorts had been submitted. The form indicated the items were approved for purchase on 2/17/14. No additional information was listed.</p> <p>3. The clinical record for Resident (K) was reviewed on 4/25/14 at 1:40 p.m. Diagnoses for the resident included, but were not limited to, profound intellectual disability, seizure disorder, aphasia and respiratory distress.</p> <p>The quarterly Minimum Data Set (MDS) assessment, dated 1/27/14, indicated Resident (K) was severely cognitively impaired. Resident (K) received the following Activities of Daily Living (ADL) assistance; transfer-dependent with two person assist, dressing, eating and hygiene-dependent with one person assist. Resident (K) was incontinent of bowel and bladder.</p> <p>A health care plan problem, dated 1/30/14, indicated Resident (K) required assistance with all ADL's and did better with 1 staff member because of a diagnosis of MR. One of the approaches to the problem included, but was not limited to, bath 2x weekly and change clothing daily and more often if needed.</p> <p>Review of a request form for "resident clothing needs", dated 2/16/14, indicated a request for 6 bras and 4 night gowns had been submitted. The father of Resident (K) approved the items for purchase on 2/17/14. No additional information was listed.</p>			

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F000323 SS=E	<p>4. During a telephone interview on 4/25/14 at 11:00 a.m., the Activity Director indicated if the items were listed on the paper and there was not a purchase date, then the items had not been purchased. She indicated it was not a good system because she was busy with the activity program. She indicated when she did go shopping for items; she will take a few residents with her. She stated the CNA's filled out the request form and turned it into her. The funds were then checked for availability and the family was then notified to provide approval.</p> <p>This Federal tag relates to Complaint IN00148223.</p> <p>3.1-3(t) 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview and record review, the facility failed to ensure residents who were transferred using a mechanical lift were transferred with sufficient staff assistance to prevent accident and injury for 1 of 3 residents reviewed for safety during transfers (Resident C). The facility also failed to correctly identify and use the correct mechanical lift sling to prevent accident and injury for 4 of 4 residents reviewed for safety during transfers (Resident C, D, E and F).</p> <p>Findings include:</p>	F000323	<p><b>F 323 Free of Accident Hazards</b> <b>Corrective action for affected resident:</b> Residents C, D and F were assessed with no findings noted.</p> <p><b>Identification of others at risk:</b> Dependent resident's transferred with Hoyer type lift have the potential to be affected. April 24, 2014 the DON and designated managers completed an audit with observation of residents to ensure the appropriate type of sling was in use based on residents plan of care.</p>	05/23/2014	

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	<p>1. The clinical record for Resident (C) was reviewed on 4/24/14 at 9:21 a.m. Diagnoses for the resident included, but were not limited to, aphasia, anxiety, depression, copper metabolism disorder, cirrhosis of the liver and dysphagia.</p> <p>The quarterly Minimum Data Set (MDS) assessment, dated 3/21/14, indicated Resident (C) was severely cognitively impaired. Resident (C) received the following Activities of Daily Living (ADL) assistance; transfer-limited assistance with one person assist, dressing, eating and hygiene-dependent with one person assist. Resident (C) was incontinent of bowel and bladder.</p> <p>A health care plan problem, dated 3/27/14, indicated Resident (C) had an alteration in mobility due to diagnosis and contractures of all limbs. One of the approaches for the problem included, but was not limited to, transfer with a mechanical lift and divided leg sling per therapy evaluation.</p> <p>On 4/23/14 at 1:30 p.m., Resident (C) was observed at the nurses' station in a full body sling. The Resident was just placed at the station by CNA #11.</p> <p>CNA #11 was asked about the CNA assignment sheet that indicated Resident (C) was listed as a divided leg sling. She indicated all she could find was a full body sling. The Assistant Director of Nursing (ADoN) indicated to CNA #11 the resident needed to be in the correct sling for safety.</p> <p>On 4/23/13 at 2:10 p.m., the Director of Nursing (DoN) indicated CNA #11 admitted to not have help transfer Resident (C) using</p>		<p>No findings were noted..</p> <p><b>Measures to ensure this deficient practice does not recur:</b> Staff education regarding checking the CNA sheet to assure type of sling was conducted April 23, 2014. The Assistant Director of Nursing and MDS coordinator were reeducated regarding assuring the CNA sheet and care plan provide current consistent information based on the residents assessment.</p> <p><b>Monitoring of corrective action:</b> The Director of Nursing (DON) or designee will monitor to ensure the sling in use matches the device listed on the CNA sheet. This monitoring will be completed by the DON or designee daily for two months, then five days a week for one month, and continued monthly as part of the facilities ongoing Quality Assurance program. Results of this monitor will be reported through the Quality Assurance committee monthly for further recommendations.</p>	

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	<p>the Hoyer lift. She indicated CNA #11 was suspended pending an investigation since the policy stated a two person transfer with the mechanical lift at all times.</p> <p>During review of the ADL sheet provided by a staff member on 4/24/14 at 10:40 a.m., CNA #11 charted the transfer was done by total assistance with two person assist.</p> <p>During review of the most recent plan of correction, dated 12/2013, Resident (C) was listed as a N/A for type of sling. The current care plan and CNA assignment sheet listed Resident (C) as a divided leg sling.</p> <p>Review of a current nurse's note, dated 1/9/14, indicated a physical therapy discharge note with a recommendation to use the Hoyer lift with a divided leg sling.</p> <p>2. The clinical record for Resident (D) was reviewed on 4/23/14 at 2:45 p.m. Diagnoses for the resident included, but were not limited to, aphasia, injury to multiple blood vessels of head/neck, motor vehicle accident and seizure disorder.</p> <p>The quarterly Minimum Data Set (MDS) assessment, dated 1/31/14, indicated Resident (D) was severely cognitively impaired. Resident (C) received the following Activities of Daily Living (ADL) assistance; transfer-total assistance with two person assist, dressing, eating and hygiene-dependent with one person assist. Resident (D) was incontinent of bowel and bladder.</p> <p>A health care plan problem, dated 2/6/14, indicated Resident (D) had an alteration in mobility/non weight bearing due to traumatic</p>			

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	<p>brain injury. One of the approaches for the problem included, but was not limited to, transfer with a mechanical lift and divided leg sling.</p> <p>On 4/23/14 at 2:20 p.m., Resident (D) was observed in his room in a full body sling. CNA #14 indicated Resident (D) should be in a divided leg sling. Management was made aware of the current sling in place.</p> <p>During review of the most recent plan of correction, dated 12/2013, Resident (D) was listed as a divided leg sling. The current care plan and CNA assignment sheet listed Resident (D) as a divided leg sling.</p> <p>Review of a current nurse's note, dated 12/21/13, indicated Resident (D) was totally dependent and required the use of the mechanical lift with a divided leg sling.</p> <p>3. The clinical record for Resident (F) was reviewed on 4/23/14 at 4:15 p.m. Diagnoses for the resident included, but were not limited to, traumatic brain injury, anemia and mental retardation.</p> <p>The annual Minimum Data Set (MDS) assessment, dated 4/14/14, indicated Resident (F) was severely cognitively impaired. Resident (F) received the following Activities of Daily Living (ADL) assistance; transfer-total assistance with two person assist, dressing, eating and hygiene-dependent with one person assist. Resident (F) was incontinent of bowel and bladder.</p> <p>A health care plan problem, dated 4/17/14, indicated Resident (F) had an alteration in mobility due to traumatic brain injury and</p>			

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	<p>mental retardation. One of the approaches for the problem included, but was not limited to, mechanical lift for all transfers using a full body sling.</p> <p>On 4/23/14 at 2:30 p.m., Resident (F) was observed in her room in a full body sling. Management was made aware of the current sling.</p> <p>During review of the most recent plan of correction, dated 12/2013, Resident (F) was listed as needing a divided leg sling. The CNA assignment sheet listed Resident (F) as a full body sling, which had not been updated to reflect the most recent assessment for the plan of correction.</p> <p>Review of a current nurse's note, dated 12/21/13, indicated Resident (F) was totally dependent and required the use of the mechanical lift with a divided leg sling.</p> <p>4. The clinical record for Resident (E) was reviewed on 4/24/14 at 9:05 a.m. Diagnoses for the resident included, but were not limited to, aphasia, Down's syndrome, severe intellectual disability and dysphagia.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 2/7/14, indicated Resident (E) was severely cognitively impaired. Resident (E) received the following Activities of Daily Living (ADL) assistance; transfer-total assistance with two person assist, dressing, eating and hygiene-dependent with one person assist. Resident (E) was incontinent of bowel and bladder.</p> <p>A health care plan problem, dated 2/13/14, indicated Resident (E) had an alteration in</p>			

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	<p>mobility due to severe intellectual disability. One of the approaches for the problem included, but was not limited to, mechanical lift for all transfers.</p> <p>On 4/23/14 at 4:35 p.m., Resident (E) was observed in his room in a divided leg sling. CNA #15 indicated Resident (E) was in the wrong sling because he did better in a divided leg sling.</p> <p>During review of the most recent plan of correction, dated 12/2013, Resident (E) was listed needing a full body sling. The current care plan and CNA assignment sheet listed Resident (E) as needing a full body sling.</p> <p>Review of a current nurse's note, dated 12/21/13, indicated Resident (E) was totally dependent and required the use of the mechanical lift with a full body sling.</p> <p>5. Review of a current facility policy dated 1/22/12, titled "Mechanical Lift", which was provided by the DoN on 4/25/14 at 9:15 a.m., indicated the following:</p> <p>"Purpose: Transfer a dependent resident safely....</p> <p>7...As applicable, one person guide sling and reassure resident while other pushes and directs movement of lift base....</p> <p>Patient Slings ...The CNA assignment sheets have been updated for the type of sling to be used on each resident. NEVER perform a type of transfer that is not indicated on the CNA sheet..."</p> <p>This Federal tag relates to Complaint</p>						

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F000353 SS=F	<p>IN00147659.</p> <p>3.1-45(a)(2) 483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS</p> <p>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 interview and record review, the facility failed to provide sufficient nursing and CNA staff to meet the needs of residents related to basic care, potentially affecting 87 of 87 residents who reside in the facility.</p> <p>Findings include:</p> <p>During an interview on 4/23/14 at 10:00 a.m., LPN #1 indicated showers were not being done especially on the middle and back halls. She indicated nurses are getting pulled to</p>	F000353	<p><b>F 353 Sufficient 24 hour Nursing Staff Corrective action for affected resident:</b> No residents were identified as affected. <b>Identification of others at risk:</b> Staffing was assessed by the DON and Executive Director and is sufficient to provide nursing and related services. No residents identified as being affected.</p> <p><b>Measures to ensure this deficient practice does not recur: Monitoring of corrective</b></p>	05/23/2014
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	<p>help with the CNA assignments and are asked to pass medications earlier than the 1 hour before time frame. She indicated the staff had been instructed to not give showers if there were less than 6 CNA's on the assignment sheet.</p> <p>During an interview on 4/23/14 at 1:40 p.m., LPN #2 indicated the "team assignment sheet" indicated if there were 6 CNA's or less, the nurse on-duty should pass the 7:00 a.m. medications so the nurse coming onto duty can assist with the CNA assignment. She indicated this assignment often meant the medications were given prior to the 1 hour before policy.</p> <p>During an interview on 4/23/14 at 4:55 p.m., LPN #3 indicated the policy was for staff on the day shift to start the 7:00 p.m. medication prior to the 1 hour before policy to allow the nurse coming onto duty to help with ADL care from 5-7 p.m. The same schedule applied to the day and night schedule.</p> <p>During an interview on 4/24/14 at 8:20 a.m., LPN #4 indicated if there were less than 6 CNA's scheduled, the CNA's did not have to do showers. She indicated she often ran 1-2 hours behind on medication administration on the weekends because there was not a respiratory therapist to do respiratory or trach care.</p> <p>During an interview on 4/24/14 at 8:50 a.m., LPN #5 indicated it was a common practice for nurses to help with resident care. She indicated it was the nurse's decision to either pass 7 o'clock medications early or to help with resident care.</p> <p>During an interview on 4/24/14 at 4:30 p.m.,</p>		<p><b>action:</b> The Executive Director will review staffing patterns to ensure nursing and related services are provided. The Executive Director will report findings to the QAC for further reiew and recommendations monthly for 3 months and ongoing as needed.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155810		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  04/25/2014	
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	<p>LPN #6 indicated there was not enough help. She indicated the initial care was provided, but residents were not receiving the care they needed.</p> <p>During an interview on 4/25/14 at 8:40 a.m., CNA #7 indicated staff were charting that showers had been given when they were not being done. She stated there were not enough staff on all three shifts and residents were not getting showers, turned or changed as often as they should. She indicted the "get up list" often had residents getting up around 4-4:30 a.m.</p> <p>During an interview on 4/25/14 at 9:40 a.m., CNA # 8 indicated CNA's were cutting corners with nail care and doing bed baths instead of showers to save time.</p> <p>During an interview on 4/25/14 at 10:30 a.m., CNA #9 indicated there was a serious staff shortage, especially on the weekends. She indicated residents often sat around in soiled briefs because of short staffing.</p> <p>During a phone interview on 4/25/14 at 11:00 a.m., the Activity Director indicated personal clothing items were not being purchased as quickly as needed because she was also busy with activities. She indicated the system in place for purchasing needed items was not a good system because of short staffing.</p> <p>Review of a trial "team assignment" sheet, provided by the Administrator on 4/23/14 at 5:00 p.m., indicated the following:</p> <p>****Please note if there are 6 CNA's scheduled for the on-coming shift, the Timm's/Kaylor Nurses should pass through</p>						

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	<p>the 7 meds (for the on-coming shift). This will ensure the nurses can assist with Resident care from 5-7."</p> <p>Review of the last 2 months of weekend staffing provided by the Corporate Nurse on 4/25/14 at 11:14 a.m., indicated 6 CNA's were assigned to the day shift on the following dates: 2/1/14, 2/2/14, 2/15/14, 2/16/14, 2/22/14, 3/1/14, 3/8/14, 3/22/14 3/30/14, 4/12/14, 4/13/14, 4/19/14, 4/20/14 4/26/14 and 4/27/14. 5 CNA's were assigned on 3/2/14 and 3/8/14. During the evening shift 6 CNA's were assigned on 2/2/14, 2/8/14, 2/9/14, 2/16/14, 2/22/14, 3/1/14, 3/8/14, 3/9/14, 3/29/14, 3/30/14, 4/5/14, 4/12/14, 4/13/14, 4/19/14 and 4/20/14. During the night shift, 4 CNA's were assigned on 2/8/14, 3/9/14, 3/22/14, 3/23/14, 4/5/14, 4/12/14, 4/13/14, 4/19/14, 4/20/14, 4/26/14 and 4/27/14.</p> <p>During an interview on 4/25/14 at 2:15 p.m., the Corporate Nurse/acting Director of Nursing indicated they would like to have 7.5-8 CNA's on the day and evening shift and 5-6 on the night shift per their corporation.</p> <p>Review of a current census of dependent residents, provided by the MDS coordinator on 4/25/14 at 2:40 p.m., 38 of the 87 residents were totally dependent on staff for all care. 11 of the 38 residents had tracheostomy tubes and 38 residents had gastrostomy tubes.</p> <p>This Federal tag relates to Complaint IN00147659 and IN00148223.</p> <p>3.1-17(a)</p>			