

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155042	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/21/2015
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NAME OF PROVIDER OR SUPPLIER  WILLOW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3801 OLD BRUCEVILLE RD BOX 136 VINCENNES, IN 47591
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F 000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00171555.</p> <p>Complaint IN00171555 - Substantiated, Federal/State deficiencies are cited at F312, F353, and F494.</p> <p>Survey dates: April 20 and 21, 2015</p> <p>Facility number: 000016 Provider number: 155042 AIM number: 100291500</p> <p>Census bed type: SNF: 19 SNF/NF: 128 Total: 147</p> <p>Census payor type: Medicare: 26 Medicaid: 96 Other: 25 Total: 147</p> <p>Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations a part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility that the plan of correction be considered our record of compliance effective 5/21/2015 to the complaint survey conducted on April 21, 2015.</p>	
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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 312 SS=D Bldg. 00	<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 observation, interview, and record review, the facility failed to provide perineal care to a resident dependent for care, for 1 of 3 residents observed for perineal care, in a sample of 6. Resident A</p> <p>Findings include:</p> <p>On 4/20/15 at 5:30 P.M., during an interview with LPN # 1, she indicated Resident A had some skin irritation on his buttocks, due to a "C Diff" infection causing frequent loose stools.</p> <p>On 4/20/15 at 7:40 P.M., CNA #3 and NA # 4 indicated they were going to check and change Resident A. Resident A was observed lying in bed at that time. CNA # 3 and NA # 4 removed the resident's brief, which was observed to be wet with urine. The resident's skin was observed to be reddened, and</p>	F 312	<p>F312</p> <p><b>What corrective Action(s) will be accomplished for those residents found to have been affected by the deficient practice</b></p> <p>A Mandatory inservice for proper skin care and perineal will be given to all nursing staff.</p> <p><b>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</b></p> <p>All residents who are dependent for care/perineal care will be identified by MDS coding in section G. There will be a mandatory pericare inservice given to all nursing staff. All assignment sheets will be reviewed and updates will be added accordingly.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur</b></p>	05/21/2015

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	<p>shearing-type areas were observed to be on his left buttock. NA # 4 then applied Risamine cream to his buttocks, without first cleaning the buttocks or perineal area. CNA # 3 then fastened the resident's brief.</p> <p>The clinical record of Resident A was reviewed on 4/21/15 at 10:40 A.M. Diagnoses included, but were not limited to, dementia.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 2/10/15, indicated Resident A scored a 5 on a test for cognition. A score of 15 indicated no memory problems. Resident A required total assistance of two+ staff for toileting, and total assistance of one staff for personal hygiene.</p> <p>A resident care plan, dated 2/3/15, indicated: "Self care deficit: all ADL's [activities of daily living] bathing and grooming related to: unable to complete adl's...Interventions: Assist with toileting every 2 hours and as needed...."</p> <p>A resident care plan, initially dated 2/4/15 and updated 4/4/15, indicated: "The resident has potential/actual skin impairment to skin integrity...4-4-15 excoriation buttocks/coccyx R/T [related to] chronic loose stool. Interventions:</p>		<p>Random observations of all three shifts will be completed to ensure that staff are following the policy on giving proper pericare.</p> <p><b>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</b></p> <p>Random checks will be completed on all three shifts weekly x4, then bi-monthly x4 months, then monthly x4 months</p> <p><b>By what date the systemic changes will be completed; All changes will be completed by May 21, 2015</b></p>	

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	<p>Keep skin clean and dry. Use lotion on dry skin...4-4-15 Tx [treatment] as ordered to coccyx/buttocks - monitor for [changes] report to MD as needed."</p> <p>An additional resident care plan, initially dated 2/18/15 and updated 4/14/15, indicated: "Problem: Diarrhea, Alteration in Bowel Elimination...Interventions: Assist with pericare after each episode, and keep rectal area clean and dry...."</p> <p>On 4/21/15 at 3:25 P.M., during an interview with the ADON [Assistant Director of Nursing] and the Corporate Nurse, the Corporate Nurse indicated they were planning on inservicing staff on toileting and perineal care.</p> <p>On 4/21/15 at 4:30 P.M., the ADON provided the current facility policy "Activities of Daily Living - Perineal Care," undated. The policy included: "The purposes of this procedure are to provide the resident assistance with activities of daily living, provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition...For a male resident: a. Wet washcloth and apply soap or skin cleansing agent. B. Wash perineal area...."</p>			

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F 353 SS=D Bldg. 00	<p>This Federal tag relates to Complaint IN00171555.</p> <p>3.1-38(a)(2)(C)</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>			

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	<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 staff was sufficient to transfer residents out of bed and to the dining room, give showers, and answer call lights timely, for 1 of 4 units in the facility, and a sample of 6 residents. Unit EF, Residents D, E, G</p> <p>Findings include:</p> <p>On 4/20/15 at 5:35 P.M., during the initial tour of the EF Unit, LPN # 1 indicated there were 2 nurses and 4 CNAs working. Staff were observed to be passing supper trays from a hall cart. 12 residents were observed to be in bed.</p> <p>On 4/20/15 at 6:40 P.M., the ADON [Assistant Director of Nursing] provided CNA assignment sheets. The assignment sheets indicated 45 residents resided on</p>	F 353	<p>F353</p> <p><b>What corrective Action(s) will be accomplished for those residents found to have been affected by the deficient practice</b></p> <p>Staffing on all units was reviewed. Assignments for the units will be reviewed and updated to put more efficient methods in place to accomplish the workload. One environmental aid was assigned to Unit E/F. Assignments will be monitored to completion and staff added accordingly.</p> <p><b>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</b></p> <p>Staffing on all units was reviewed. Assignments for the units will be reviewed and updated to put more</p>	05/21/2015

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	<p>the EF Unit. 11 residents required a hooyer lift [mechanical lift] for transfer/mobility; 3 residents required a mechanical stand-up lift; 15 residents required 2 assist with transfer; and 12 residents required 1 assist. 36 residents were marked as requiring "check and change" for toileting, and 33 residents were marked as "Always Assist" with toileting. 29 residents required turning and repositioning.</p> <p>On 4/20/15 at 8:00 P.M., the ADON provided a list of residents, highlighting those who were interviewable. Residents D and G were indicated as being interviewable.</p> <p>On 4/21/15 at 9:30 A.M., the ADON provided Resident Council minutes, dated 3/24/15, with 7 residents in attendance. The minutes indicated: "Nursing:...Light not answered in a timely fashion [resident name] says there isn't enough C.N.A.s."</p> <p>On 4/21/15 at 10:25 A.M., during a confidential interview with Resident G, he indicated he doesn't get 2 showers a week. He indicated he usually will get 1 shower a week, but there's been times he has gone 2 weeks without a shower. He indicated, "There's not enough staff." He indicated he has had to wait 2 1/2 hours</p>		<p>efficient methods in place to accomplish the workload. One environmental aid was assigned to Unit E/F. Assignments will be monitored to completion and staff added accordingly.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur</b></p> <p>Staffing on all units were reviewed. Staffing will be monitored every day for the appropriate number of help. New help wanted ads will be ran on-line and in the local paper immediately. Vincennes University has been contacted and advised that we have openings. C.N.A state testing will be on 5.14.15 with a total of 7 potential employees testing that day. The monitoring of bed management will occur daily to monitor how many dependent residents are located in any given area of the building.</p> <p><b>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</b></p> <p>Staffing, Assignments, bed management, and recruiting will be monitored daily to ensure we have the appropriate staffing and that assignments are evenly distributed throughout the building. Call light</p>	

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	<p>for a call light to be answered. He indicated the average wait time would be more than 15 minutes.</p> <p>On 4/21/15 at 10:45 A.M., during an interview with Resident D, she indicated she was "not sure there is enough staff." She indicated she "knows they are trying really hard." She indicated, "People have to wait a long time for their call lights to be answered."</p> <p>On 4/21/15 at 3:05 P.M., during an interview with CNA # 6, she indicated she was the person responsible for scheduling. She indicated she had been in that position for "a few weeks." She indicated the number of staff was based on the number of residents, not the acuity of the residents. She indicated on the EF Unit, she tried to schedule a minimum of 4 CNAs and 2 nurses on day shift, 3 CNAs and 2 nurses on evening shift, and 2 CNAs and 1 nurse on night shift. She indicated if a staff member calls in, "there is no extra staff to call." She indicated they try to replace staff when they can.</p> <p>During a confidential family interview with the family of Resident G, he/she indicated he/she visited the facility frequently. The family member indicated, "There is not enough staff." The family member indicated he/she has found the</p>		<p>monitoring, completion of showers, supervision of meal times by Department Heads will be monitored. This will be monitored daily to make sure appropriate services are being provided timely. This will be reported quarterly to the Quality Assurance Committee.</p> <p><b>By what date the systemic changes will be completed;</b> All changes will be completed by May 21, 2015</p>	

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	<p>resident "sopping wet," and that Resident G has obtained frequent skin tears, which he/she feels has occurred due to a shortage of staff. The family member indicated so many of the residents on the unit are "2 people assist." The family member indicated there have been times recently when a CNA on light duty was working with a new CNA and one other CNA on a day shift, and people were not getting fed.</p> <p>The following staff interviews were conducted:</p> <p>Staff # 1: "The bottoms [on Unit EF] were looking awful. People are not getting turned and changed. There is not enough staff to get everyone up for meals."</p> <p>Staff # 2: "It's pretty hard to get everything done if it's only me. We aren't always able to get the showers done. We can't get to the call lights timely."</p> <p>Staff # 3: "We try really hard to get everything done. If there aren't enough, we don't do the showers. We can't always get everyone up for meals, and we can't feed everyone. We all skip our breaks."</p> <p>On 4/21/15 at 3:25 P.M., during an interview with the ADON and Corporate</p>			

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	<p>Nurse, the Corporate Nurse indicated the facility had been going through a "rough spot" recently with the "call-ins," but that she thought it had been better since they had implemented a new policy regarding staff who call in.</p> <p>This Federal tag relates to Complaint IN00171555.</p> <p>3.1-17(a)</p>			

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F 494 SS=D Bldg. 00	<p>483.75(e)(2)-(3) NURSE AIDE WORK &gt; 4 MO - TRAINING/COMPETENCY</p> <p>A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless that individual is competent to provide nursing and nursing related services; and that individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of §§483.151-483.154 of this part; or that individual has been deemed or determined competent as provided in §483.150(a) and (b).</p> <p>A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (e)(2)(i) and (ii) of this section.</p> <p>Nurse aides do not include those individuals who furnish services to residents only as paid feeding assistants as defined in §488.301 of this chapter.</p> <p>Based on interview and record review, the facility failed to ensure CNAs with an out-of-state certifications were certified in Indiana, for 2 of 3 staff members received with out-of-state certificates.</p>	F 494	<p>F494</p> <p><b>What corrective Action(s) will be accomplished for those residents found to have been affected by the deficient practice</b></p> <p>HR was educated on monitoring that staff certifications are obtained</p>	05/21/2015

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	<p>CNA # 1, CNA # 2</p> <p>Findings include:</p> <p>On 4/20/15 at 8:00 P.M., during an interview with CNA # 2, she indicated she had been working at the facility "since the end of the year." She indicated she was not certified as a CNA in Indiana, but that she intended on taking her test soon.</p> <p>On 4/21/15 at 12:00 P.M., Human Resources (HR) Staff # 1 provided employee files, including those for CNA # 1 and CNA # 2.</p> <p>CNA # 1's file indicated her hire date was 11/6/14. She was listed on the Illinois Health Care Worker Registry as "Eligible" as a CNA. There was no documentation of an Indiana certificate.</p> <p>CNA # 2's file indicated her hire date was 11/19/14. She was listed on the Illinois Health Care Worker Registry as "Eligible" as a CNA. There was no documentation of an Indiana certificate.</p> <p>On 4/21/15 at 3:25 P.M., during an interview with the Assistant Director of Nursing and the Corporate Nurse, the Corporate Nurse indicated she thought out-of-state CNAs had 6 months to take</p>		<p>in a timely manner. All C.N.A files were reviewed. There were 3 aids who were certified out of state that were past their allowed time to work in Indiana without certification. They were suspended as C.N.A's and then allowed to work as environmental aides pending Indiana C.N.A certification.</p> <p><b>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</b></p> <p>HR will monitor all C.N.A Certifications for timely renewal.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur</b></p> <p>HR was educated on monitoring the proper time frame of N/A's receiving their certification. An audit tool was provided to monitor the proper time frame of N/A's receiving their certification.</p> <p><b>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</b></p> <p>The audit tool will be used weekly x 4, monthly x 3, and then, if compliant, will be monitored</p>	

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	<p>the Indiana test.</p> <p>This Federal tag relates to Complaint IN00171555.</p> <p>3.1-14(b)(2)(B)</p>		<p>quarterly at the Quality Assurance Committee meeting.</p> <p><b>By what date the systemic changes will be completed;</b> All changes will be completed by May 21, 2015</p>	