STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155322	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE VILLAGE	6050 S CR 800 E 92 FORT WAYNE, IN 46814

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00178093. Complaint IN00178093-Substantiated. Federal/State deficiencies related to the allegations are cited at F-323 and F-353. Survey Dates: July 21, 22 & 23, 2015 Facility number: 000215 Provider number: 155322 AIM number: 100267600 Census bed type: SNF/NF: 60 Total: 60 Census payor type: Medicare: 5 Medicaid: 36 Other: 19 Total: 60 Sample: 4 These deficiencies also reflects state findings in accordance with 410 IAC 16.2-3.1.	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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 0323 SS=D Bldg. 00	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. Based on record review and interview the facility failed to ensure 1 resident (B) in a sample of 4 resident records reviewed was transferred with the Hoyer lift to ensure she did not sustain an injury to her knee. Findings include: Review of the clinical record for resident (B) on 7/22/15 at 1:30 PM indicated she was admitted to the facility on 9/1/14 with Diagnoses including but not limited to History of Rotator Cuff Injury, Hypertension, and Gastrointestinal Reflux Disease. Review of the resident's quarterly Minimum Data Set Assessment, dated 4/14/15 indicated the resident required extensive assistance of two staff for transfers, and was non-ambulatory.	F 0323	Corrective Action for AffectedResident: CNA who improperly transferredresident received disciplinary action. Employeeis no longer employed at facility. Assure hoyer lift is used for all transfersand 2-assist as indicated in the Plan of Care and the group assignment for thisResident. The nurse in charge willreinforce the appropriate transfer method is utilized when giving report to theCNAs at the start of each shift. **All staff** are being in-serviced andre-educated on proper use of mechanical lifts and group assignments. Corrective Action for Potentially Affected Residents: All residents currently using mechanical lifts arepotentially affected. Assure hoyer liftis used for all transfers and 2-assist as indicated in the Plan of Care and thegroup assignment for these Residents. The nurse in charge will reinforce the appropriate transfer method isutilized when giving report to the CNAs at the start of each shift.	08/22/2015

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	Review of the resident's plan of care with a review date of 4/15 indicated the following: Resident is at risk for falls related to a history of falls, diagnoses of Dementia Alzheimer type, Psychosis and Osteoarthritis. Resident will remain free from falls/injury though 7/1/5. Nursing Interventions: a) Complete fall assessment quarterly and as needed b) Assure call light is within reach and in working order. c) Assure non-slip footwear is worn for transfers d) Assure that she is in a safe position e) Observe for staff assistance for tasks f) Keep pathways clear g) Assist times 2 staff for transfers using Hoyer Lift. Review of nursing notes dated 7/4/15 at 4:00 p.m. indicated the following: "Resident complained of pain left knee after transfer. States "She told me to put my arms around her neck and stand. I can't do that then my knee twisted." Review of the facility incident		**All staff** are being in-serviced andre-educated on proper use of mechanical lifts and group assignments. Measures for Prevention: Safetransfers are reviewed for each resident with their quarterly MDS updates. Therapy Department evaluates residents foundto have a decline in transfer abilities. Care plans and assignment sheets are updated appropriately. The charge nurse will observe all mechanicallift transfers and document procedure on new transfer flow sheet (seeAttachment A). **All staff** are being in-serviced andre-educated on proper use of mechanical lifts and group assignments. QA for Prevention: A transfer flowsheet for residents using the mechanical lift has been created (see AttachmentA). The flow sheet will be reviewedweekly and reported with monthly QA.	

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	report and investigation dated 7/4/15 on 7/23/15 at 10 AM indicated a CNA (Certified Nursing Assistant) had pivot transferred resident (B) instead of using the Hoyer lift. On 7/23/15 at 9:30 a.m. review of the clinical record and interview with the Director of Nursing (DON) on 7/23/15 at 9:30 a.m. indicated the resident experienced pain to her knee after being transferred by a CNA and the facility obtained an x-ray and CT scan. The results indicated the resident had sustained a hematoma and swelling of her knee/leg. Review of nursing notes dated 7/20/15 at 2:00 a.m. indicated "Pale yellowish purple bruising remains to the left lower anterior leg. Measures 11 centimeters by 9 centimeters with small yellow bruising next to it 4 centimeters by 5 centimeters. Denies pain, up on pillow." Review of nursing notes and interview with staff indicated the resident had pain after the incident but the physician did not order pain medication as the resident had previous orders for pain. Review			

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	of the medication orders for the resident indicated she had orders for Tylenol Extra Strength 1000 milligrams 3 times daily and Aspirin 81 milligrams daily. Interview with resident (B) and her family member on 7/23/15 at 11:45 a.m. indicated the staff had transferred the resident without using the Hoyer lift. Resident (B) when queried stated "The girl told me to hold on to her neck and she moved me twisting my leg." This federal tag is related to Complaint IN00178093 3.1-45(a)(1) 3.1-45(a)(2)			
F 0353 SS=E Bldg. 00	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. 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:			

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	Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. 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. Based on 5 of 5 resident interviews, staff interviews and review of resident council minutes, the facility failed to ensure staffing was adequate to meet resident needs on 3 of 3 halls. (Residents 1, 5, 9, 11, 12). Findings include: Confidential interviews with alert and oriented residents on 7/22/15 between 9:20 a.m. and 3:20 p.m. indicated the following: Resident #1 indicated the facility was short of CNA'S (certified nursing assistants). The resident indicated the prior night there was only 1 CNA on her hall and she was put to bed late. Resident #5 indicated a shortage of staff on the night shift. The resident indicated waiting up to 30 minutes to get the call light answered.	F 0353	Corrective Action for AffectedResident: The facility has an activehiring process that reviews applicants twice a day. We are hiring an adequate number of nursingstaff to meet the residents' needs. **All staff** are being in-servicedand re-educated on the importance of answering call lights promptly. Actively recruiting a Staff DevelopmentCoordinator to assist with training proficiency and monitoring QA. Actively recruiting Non-Certified Assistantsto tasks not requiring a CNA. Activelyrecruiting a Shower Aide. Implemented an incentive bonus andcompetitive wage scale.Corrective Action for Potentially Affected Residents: The facility has an active hiring process that reviewsapplicants twice a day. We are hiring anadequate number of nursing staff to meet the residents' needs. **Allstaff** are being in-serviced and re-educated on the importance ofanswering call lights promptly. Actively recruiting a Staff DevelopmentCoordinator to assist with training proficiency and	08/22/2015

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	Resident #9 indicated they have had to wait up to 30 minutes to get the call light answered on the night shift. The resident indicated facility staff have told her all nursing homes are short of staff. Resident #9 indicated if they go home and have to go back to a nursing facility they would not come back to this one. The resident indicated they had a urinary incontinence accident waiting to get the light answered. Resident #11 indicated a shortage of staff especially on the weekends. The resident indicated there was usually only 1 CNA on the hall. Resident #11 also indicated waiting up to an hour to get the call light answered. Resident #12 complained of waiting up to an hour to get the call light answered. The resident indicated they knew staff were trying but there was not enough help. The resident indicated they had been incontinent of a bowel movement and sat in it for an hour before staff were able to assist them. The resident also indicated not wanting to sit on the toilet because staff will leave and not		monitoring QA. Actively recruiting Non-Certified Assistantsto tasks not requiring a CNA. Activelyrecruiting a Shower Aide. Implemented an incentive bonus andcompetitive wage scale.Measures for Prevention: Thefacility has an active hiring process that reviews applicants twice a day. We are hiring an adequate number of nursingstaff to meet the residents' needs. **All staff** are being in-servicedand re-educated on the importance of answering call lights promptly. Actively recruiting a Staff DevelopmentCoordinator to assist with training proficiency and monitoring QA. Actively recruiting Non-Certified Assistantsto tasks not requiring a CNA. Activelyrecruiting a Shower Aide. Implemented anincentive bonus and competitive wage scale. QA for Prevention: Manager onDuty will be placed on weekends to monitor effectiveness of interventions. The Abaqis system will be used for monitoring. A specific program of rounds by management staffwill be put into place.	

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	come back. The resident indicated it was painful to sit on the toilet for any length of time. On 7/23/15 at 11:20 a.m. review of resident council minutes indicated the following: 1. December 23, 2014 Residents had some concerns about call lights being answered in a timely manner and waiting for long periods of time for a 2 person assist need. 2. January 27, 2015 Director of Environmental Services was invited to speak at the resident's council meeting...He also addressed some concerns that a few resident had about getting new staff. He explained to them that Help Wanted Ads have been running in the paper and online for several weeks. He also explained to them that other Nursing Facilities are also running ads and have similar staffing problems. After his thorough conversation with the residents there were no other concerns or questions. 3. February 24, 2015 Residents had several concerns about staffing and feeling we have been			

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	short of staff. Activity Director asked if the council wanted to address the DON directly with their concerns at that time. The reply was "Yes". DON and Administrator came in to talk with the residents about the staff schedule and the amount of staff we are required to have for the amount of residents we have. Concerns were addressed and the residents were satisfied with the answers they received. 4. April 28, 2015 - Residents have concerns with waiting long periods of time for call lights and bed times. There were also inappropriate comments made to residents such as "We don't have enough staff; we don't have anyone to lift you just yet". All concerns from the 3 halls are focused on the 2nd shift. Residents stated "We know management are doing what they can and were trying to be patient." Residents are confident that the administrator and DON are doing the best they can to remedy the situation. 5. June 23, 2015 - Residents are feeling concerned about the quality of the new employees. They feel			

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	they are waiting long periods of time to get call lights answered, bed not being made in a timely manner, after they have been cleaned and food tray not being picked up after meals. Confidential interviews with staff on 7/22/15 indicated the following related to staffing and resident care: Staff #1 - The facility is short with staff but they are hiring. Staff #2 - The facility is hiring but some of the staff get angry and quit. The new staff train for 5 days and then end up on a hall by themselves. The weekends are horrible, it has gotten bad the last 1 1/2 month. Sometimes cannot get all of the showers done so I just do a bed bath. Staff #3 - People are hired then they quit. We run short a lot, weekends are the worse. The residents get the care but they have to wait. Residents are not always getting showers, we give bed baths. Today we are staffed but last week 3 of 5 days were were short and I had 21 residents to care for.			

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	Staff #4 Sometimes we are staffed but people have quit. Staff #5 - We have been short every day the last week. Staff #6 - We are short of staff, can't keep staff. They are trying to find staff. Staff #7 - We are short right now, and have been the last month or two. Staff have quit, some terminated. Second shift is the worse. Staff #8 - We are short. There are only 2 CNA'S here right now, another will be in at 6:00 p.m. Staff #10 - Often only have 1 CNA and 1 nurse on the 100 hall. On 7/23/15 at 11:15 a.m. review of CNA Assignment Sheets indicated the following numbers of residents and their needs for toileting, transfers and transfer lifts. 100 Hall - 22 residents reside on this hall. 15 residents are listed as incontinent. 7 require assistance of 1 staff, and 7 require assistance of 2 staff. 3 residents require the			

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	assistance of a mechanical lift which requires the assistance of 2 staff for safety. 200 Hall -19 residents reside on this hall. 15 residents are listed as incontinent and require scheduled toileting, check and change or prompts and cues for toileting. 9 residents require assistance of 1 staff and 6 residents require the assistance of 2 staff. 2 residents are listed as requiring mechanical lifts which require the assistance of 2 staff for safety. 300 Hall - 18 residents reside on this hall. 14 residents are listed as incontinent and require check and change, prompts or cueing or scheduled toileting. 7 residents require the assistance of 1 staff, 6 require the assistance of 2 staff and 3 residents are listed as using a mechanical lift which requires the assistance of 2 staff for safety. This federal tag is related to Complaint IN00178093 3.1-17(a)			