

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155756	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/15/2014
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NAME OF PROVIDER OR SUPPLIER  COVENTRY MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 7843 W JEFFERSON BLVD FORT WAYNE, IN 46804
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F000000	<p>This visit was for the Investigation of Complaint IN00152100.</p> <p>Complaint IN00152100 – Substantiated, Federal/State Deficiency related to the allegations is cited at F-353.</p> <p>Survey Dates: July 13, 14 &amp; 15, 2014</p> <p>Facility number: 004945 Provider number: 155756 AIM number: 200814400</p> <p>Survey team: Angela Strass, RN</p> <p>Census bed type: SNF: 31 SNF/NF: 100 Total: 131</p> <p>Census payor type: Medicare: 28 Medicaid: 65 Other: 38 Total: 131</p> <p>Sample: 3</p> <p>This deficiency also reflects state findings in accordance with 410</p>	F000000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation. Due to relative low scope and severity of this survey, this facility respectfully requests a desk review in lieu of a post-survey revisit on or after August 7, 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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F000353 SS=E	<p>IAC 16.2.</p> <p>Quality review completed on July 17, 2014 by Randy Fry RN.</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> <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 sufficient staffing was available to meet the needs of residents requiring assistance with activities of daily living. This had</p>	F000353	<b>F 353 Sufficient 24-Hr Nursing Staff</b> It is the practice of this facility to ensure that all residents have sufficient 24 hr nursing staff.	08/07/2014	

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	<p>the potential to affect all 29 residents on the dementia unit.</p> <p>Finding Includes:</p> <p>On 7/13/14 at 5:10 p.m. observation of the locked dementia unit indicated 20 residents were in the dining/activity room seated at tables. Observation indicated there was 1 nurse and 1 CNA (certified nursing assistant) in the dining room. Observation of the hall indicated there were 2 CNA'S helping resident's who were still in their rooms. Review of the census indicated there were 29 residents living on the unit.</p> <p>At 5:30 p.m. 3 additional administrative staff came to the unit and proceeded to help staff prepare for dinner. The evening meal was served at approximately 5:45 p.m. Staff were observed to serve the meal to the resident's which was served from a steam table. Drinks were served to residents prior to the meal.</p> <p>Observation of residents during the evening meal included 2 residents who were having behaviors of not wanting to remain seated at the table. One resident was observed</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>-The facility will schedule the locked dementia unit with at least 3 C.N.A.'s and a licensed nurse on day shift and evening shift. If less than 3 C.N.A.'s arrive for the shift, the on call nurse manager will be notified and make calls to replace staff .</p> <p>-The facility will ensure the Activity staff, will be certified as nursing assistants, and will be assigned a group of residents during meals to feed and assist during their normally scheduled shift to ensure residents ADL needs are met.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</b></p> <p>- All residents have the potential to be affected by the alleged deficient practice.</p>	

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	<p>to be rocking her wheelchair back and forth, bumping another resident who became upset at this, and another resident was attempting to leave the table. Observation of the resident who was attempting to leave the table indicated he was upset and would get up from the table and start to leave and would be redirected back to the table. Observation of residents during the meal indicated a table of 5 residents who needed fed by staff, and another table of 4 residents appeared to be needing assistance with feeding and cueing by staff.</p> <p>On 7/13/14 at 6:45 p.m. CNA #1 was queried where one of the CNA'S had gone and she indicated the 3rd CNA was on "light duty" and had left to go work on another hall.</p> <p>On 7/14/14 at 12:45 p.m. the Unit Manager was queried as to the needs of the residents on the dementia unit during dining. She indicated table #1- had 4 residents who needed cueing, table #2- had 1 resident who needed fed, table #4- the residents (4 residents) needed encouragement to eat and table #6- 4 residents needed</p>		<p>-DNS/Designee will review all staffing for all units for each shift on an on-going basis in the building to ensure adequate staff is in place.</p> <p>-The facility will schedule the locked dementia unit with at least 3 C.N.A.'s and a licensed nurse on day shift and evening shift. If less than 3 C.N.A.'s arrive for the shift, the on call nurse manager will be notified and make calls to replace staff.</p> <p>-The facility will ensure the Activity staff, will be certified as nursing assistants, and will be assigned a group of residents during meals to feed and assist during their normally scheduled shift to ensure residents ADL needs are met.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</b></p> <p>-The Director of Nursing will run Activity of Daily Living (ADL) scores for each hall on a monthly</p>	

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	<p>assistance with eating and 1 needed cueing to eat.</p> <p>On 7/14/14 at 2:30 p.m. review of resident care sheets for the resident's living on the dementia unit indicated 17 residents with anxiety and behaviors ranging from delusions, physical and emotional anxiety, combativeness, and needs of reassurance and redirection. 21 residents were on a "Toileting Program #2". The program indicated they were to be toileted upon rising, before or after meals, at bed time and check and change at night as needed. 5 residents were to be toileted and/or checked and changed every 2 hours.</p> <p>On 7/14/14, confidential interviews with 5 family members, who have family living on the dementia unit, indicated the following:</p> <p>Family #1 indicated they were concerned with the number of staff on the dementia unit. They indicated they often come in and there are only 2 CNA'S and 1 nurse working.</p> <p>Family #2 indicated they were concerned with staffing. They</p>		<p>basis to adjust staffing throughout the building to ensure all resident ADL needs are being met.</p> <p>-The DNS or Designee will establish an on call system whereby nurse managers or designees will come in to the building when more a call in has occurred and additional staffing is needed.</p> <p>-The Clinical Education Coordinator will in-service the licensed nursing staff on or before 8/7/2014 on the nurse manager on call system in case staffing is low for any particular unit.</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>-A CQI monitoring tool, Staffing, will be completed weekly x 4 weeks, then monthly x 3 months and quarterly thereafter for at least 6 months and discussed with IDT. See Exhibit A.</p>				

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	<p>indicated on the day shift on a Saturday there were 2 CNA's and 1 Nurse. Breakfast was ready to be served and there were no staff in the dining room. The family member indicated she has helped pass out the meal and feed residents who needed help.</p> <p>Family #3 indicated a concern with staffing being short. The family member indicated she comes in 2 to 3 times a week. The family member indicated although her family member is fairly independent, she had a concern for residents who needed assistance.</p> <p>Family #4 indicated her family member at times is not clean or dressed properly. The family member expressed her concern with not having enough staff and indicated she has seen people not getting fed.</p> <p>Family #5 indicated concerns with not enough staff, and had found her family member with dried bowel movement on her. The family member indicated this happened 2 days in a row.</p> <p>Confidential interviews with alert</p>		<p>-Data will be collected by DNS/Designee and submitted to the CQI committee. If threshold of 100% is not met, an action plan will be developed.</p> <p>-Non-compliance with facility procedure may result in disciplinary action up to and including termination.</p> <p><b>Completion date: August 7, 2014</b></p>	

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	<p>and oriented residents on 7/15/14 indicated the following:</p> <p>Resident #1–Concerned with waiting a long time to get her call light answered. Resident stated she has not been feeling well lately and it was a concern.</p> <p>Resident #2–Concerned with getting his call light answered. He stated he does not know how long it takes but it seems like a long time.</p> <p>Resident #3–Concerned with getting call light answered timely. The resident indicated it can take up to 45 minutes.</p> <p>Resident #4–Concerned with getting call light answered. Indicated it can take up to 45 minutes for staff to answer light.</p> <p>Resident #5–Concerned with staffing. Resident indicated she was independent but concerned others were not getting care. Resident indicated she has pushed wheelchairs for residents needing assistance and will go find staff when residents need help.</p> <p>On 7/14 and 7/15/14 confidential interviews with 30 staff members</p>			

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	<p>were conducted. 19 of the staff had concerns with working short staffed. 5 staff members interviewed indicated they work short sometimes but stated "we pull together and get the work done."</p> <p>Interview with the staff indicated some of the following comments:</p> <p>Staff #1 – "The dementia unit has been running with 2 CNA'S but they really need 3. There are behaviors to redirect, and it is hard to feed."</p> <p>Staff #2 – "Call-ins on the weekends, work short staffed. They will pull from other halls or work short."</p> <p>Staff #3 – "The facility has been hiring. I do not work the dementia unit but know the unit runs short on the weekends."</p> <p>Staff #4 – "Usually only 2 CNA's on the dementia unit. All of the month of June- 1st shift only had 2 CNA'S"</p> <p>Staff #5 – "Staffing is short. People are quitting because of the way they are treated. The dementia unit is suppose to have 3</p>			

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	<p>CNA'S but they pull to the other floors and leave the dementia unit with 2 CNA'S."</p> <p>Staff #6 – "Weekends are horrible. The supervisor gets called to the floor but we still need more help."</p> <p>Staff #7 – "Always short, always rushed. 12–15 residents to care for."</p> <p>Staff #8 – "Second shift...I sometimes feel I neglect 1 resident for another due to short staff. Weekends are the worse."</p> <p>Staff #9 – "Usually only 2 CNA'S on the dementia unit. You cannot provide the care the residents need."</p> <p>An interview on 7/15/14 at 3:00 p.m. with the Corporate Nurse Consultant indicated the facility runs with a 2.68 PPD (Per Patient Daily). She further indicated the facility's recent daily average for Certified Nursing Assistants was 190 to 220 hours.</p> <p>This federal tag is related to complaint IN00152100</p> <p>3.1–17(a)</p>						

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	3.1-17(b)				