

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155632	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/31/2012
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NAME OF PROVIDER OR SUPPLIER  LODGE OF THE WABASH	STREET ADDRESS, CITY, STATE, ZIP CODE 723 E RAMSEY RD VINCENNES, IN 47591
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: October 22, 23, 24, 25, 26, 29, 30, 31, 2012</p> <p>Facility Number: 001138 Provider Number: 155632 AIM Number: 200157070</p> <p>Survey Team: Martha Saull, RN-TC Carole McDaniel, RN (Oct. 22, 23, 25, 26, 29, 30, 31, 2012) Terri Walters, RN Dorothy Watts, RN (Oct. 29, 30, 31, 2012)</p> <p>Census by Bed Type: SNF/NF: 50 Residential: 18 Total: 68</p> <p>Census by Payor Source: Medicare: 8 Medicaid: 49 Other: 11 Total: 68</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p>	F0000	<p>F0000Preparation and execution of this Plan of Correction does not constitute admission or agreement by the facility of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the law. Sumbission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited and is also not to be construed as an admission against interest of the facility, the HFA or any employees, agents or other individuals who draft or may be discussed in this response and Plan of Correction. In addition, submission of the Plan of Correction does not constitute an admission or an agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. This Plan of Correction shall constitute this facility's credible allegation of compliance on or before November 9, 2012.</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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	Quality review completed on November 7, 2012 by Bev Faulkner, RN				

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F0226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review, the facility failed to follow their established policies regarding reporting and thoroughly investigating an allegation of abuse for 1 of 3 allegations reviewed. Resident #42</p> <p>Findings include:</p> <p>On 10/23/12 at 10:06 A.M., Resident #42 was interviewed. She indicated she had informed the DON (Director of Nursing) a few days ago that a CNA (Certified Nursing Assistant) wasn't nice to her. Resident #42 indicated the CNA told the resident not to take the bandage off her leg and the resident said she told the CNA that she had to when she took her bath. Resident #42 indicated the CNA then told her to mind her own business and shut up. Resident #42 indicated the CNA told her to shut up about 3 days ago. Resident #42 stated she told the DON of the above incident the same day it happened. She stated the CNA is real skinny and</p>	F0226	F226The facility has developed and implemented written policies and procedures that prohibit mistreatment, neglect and abuse of residents.An immediate interview was conducted with the resident who alleged this incident with the State surveyor. At the time of the interview, she denied any issues. She could not identify the staff member that was alleged to be involved. She states that the staff is good to her and she has had no problems. There was no evidence of harm to the resident. The facility obtained sufficient information to make a reasonable and prudent decision regarding the disposition of this matter. In good faith, additional interviews were conducted and no additional information was obtained.The State rule reporting requirements for unusual occurrences was reviewed by the HFA and the Director of Nursing.In accordance with the facility policy, state rule, and the law, the HFA or designee will report any abuseallegations within 24 hours of an incident. The HFA will randomly question staff and residents during rounds twice per week regarding	11/09/2012	

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	<p>she can't think of her name. Resident #42 stated the incident occurred on day shift and the alleged CNA was not working today, but she was working yesterday. Resident #42 indicated this is the only CNA or staff that talks to her like that. Resident #42 indicated "things were better" since she talked to the DON.</p> <p>On 10/23/12 at 3:30 P.M., the clinical record of Resident #42 was reviewed. Diagnoses included but were not limited to the following: mild mental retardation and depression. The most recent MDS (Minimum Data Set assessment), dated 9/16/12, indicated the following: total cognitive score of 10, which indicated moderately impaired cognition; no signs/symptoms of delirium, psychosis and/or behaviors.</p> <p>On 10/26/12 at 1:20 P.M., a current copy of the facility policy and procedure for "Resident Safety and Abuse" was received from the DON. This policy and procedure was most recently dated "9/12." The policy and procedure included but was not limited to, the following: "...the Administrator or designee shall determine if notification should be made to appropriate regulatory agencies (per state statute)...The</p>		<p>knowledge of any misconduct and reporting requirements. The facility abuse policy and reporting policy will be reviewed with staff at monthly meetings for six months. The resident right regarding abuse will be reviewed with the residents during monthly resident council meetings. The HFA will monitor for compliance via the audits above and report any negative findings to the Quality Assurance Committee for six months and then quarterly thereafter.</p>				

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	<p>Quality Assurance Manager and/or supervisor on duty will interview the residents as well as any nursing...or others who may have knowledge of the occurrence or who may have been in the vicinity at the time..."</p> <p>On 10/26/12 at 1:33 P.M., the DON was made aware of the resident's allegation of a CNA telling the resident to shut up. The DON stated she wasn't aware of this allegation. She indicated the alleged time of the incident would have been a Saturday, and she (the DON) would not have been working at the facility, as the resident indicated. The resident also indicated she gets in the bathtub in her bathroom and the DON indicated there is no way the resident is even able to do this. The DON indicated she was not aware of any of this and will now follow her policy and procedure for abuse allegations.</p> <p>On 10/29/12 at 9:50 A.M., the DON was interviewed. She indicated she and the Administrator were following up with the resident at this time.</p> <p>On 10/29/12 at 11:15 A.M., the ADM (Administrator) was interviewed. She indicated that she had interviewed the resident last Friday, 10/27/12, about staff and/or other resident's being</p>				

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	<p>rude to her or having had any problems with other residents and/or staff. The ADM stated the resident denied having any problems with staff, other residents. The ADM stated that this morning, she again interviewed the resident to see if she had problems with anything, residents and/or other staff recently. Again, the Administrator stated, the resident denied having any problems with staff and/or residents. The ADM indicated they did document their investigation and will provide a copy. The ADM indicated sometimes the resident is forgetful and that is why she interviewed the resident different times.</p> <p>On 10/29/12 at 12:10 P.M., the ADM was again interviewed. She stated the facility did not report this as an allegation of abuse to the State Agency. She indicated they did interview staff in regards to two other allegations of abuse. At this time, the ADM provided a copy of the facility investigation of this allegation of abuse. It included the following question asked to Resident #42 on 10/26/12: "How are things going, How has staff been to you, You don't feel like the staff talks rough to you, you don't feel like anyone is out of line, no one has spoke ill to you." On</p>			

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	<p>10/29/12 the following questions were asked: "How's things going; Did everything go ok over the weekend; staff treat you good over the weekend."</p> <p>Documentation was lacking of interviews of residents and/or any nursing staff regarding the alleged incident and or a written summary of each interview.</p> <p>On 10/29/12 at 12 P.M., the ADM was again interviewed. She stated the facility did not report this as an allegation of abuse to the State Agency.</p> <p>3.1-28(a)</p>				

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F0242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on interview and record review, the facility failed to provide a resident choices of how many times a week they are provided a shower for 1 of 28 residents interviewed. The facility also failed to ensure residents were able to choose time when getting up for 2 of 28 residents interviewed.</p> <p>Resident #35, Resident #9, Resident #14</p> <p>Findings include:</p> <p>1. On 10/22/12 at 3:16 P.M., Resident #35 was interviewed. He was asked if he chose how many times a week he took a bath or shower. He indicated "If I'm lucky I get one shower every 6 days." He also indicated at this time, he would like to take his shower of a morning but frequently it is given after supper. Resident #35 indicated his shower days were Tuesday and Friday.</p>	F0242	F242The facility does give residents the right to choose activities, schedules and health care consistent with assessments and care plans. The assignment sheet of the resident and of the residents with potential to be affected by this deficiency were reviewed and updated to reflect resident choices as appropriate. An in-service for all staff was conducted on November 8, 2012 to review resident's right of choices and documentation on assignment sheets. Resident's right for choices was reviewed with residents during the Resident Council meeting on November 14, 2012 with the Ombudsman. Residents will be asked on admission and at least quarterly for preference of bedtimes and bathing. Assignment sheets will be updated as needed. To monitor for compliance, the HFA and/or designee will interview three residents weekly. Any adverse findings will be reported for six months and then quarterly thereafter.	11/09/2012			

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	<p>On 10/25/12 at 2:56 P.M., a current copy of the facility CNA (certified nursing assistant) assignment sheet was obtained from the Administrator. This form indicated for Resident #35 the following: "Bathing, Tuesday and Friday A.M."</p> <p>On 10/30/12 at 10:55 A.M., the MDS (Minimum Data Set Assessment) Nurse was interviewed regarding documentation of the resident's showers. She indicated the documentation of a resident's shower would be in the nurses notes. The MDS Nurse, at this time, indicated from September 1 through September 30, 2012, the resident had documentation of a shower on 9/7/12 and 9/27/12. The MDS Nurse indicated Resident #35 had been hospitalized on 9/30/12 through 10/6/12.</p> <p>On 10/30/12 at 12 P.M., the DON (Director of Nursing) provided documentation of Resident #35's showers in September and October 2012 as on 9/7/12 and 9/27/12. The resident was readmitted on 10/6/12. Documentation indicated after the resident had been readmitted on 10/6/12, his first shower was 10/11/12. The next shower documented was 10/17/12.</p>				

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	<p>On 10/31/12 at 12:35 P.M., the DON was interviewed regarding lack of showers for Resident #35. No further information was provided.</p> <p>2. On 10/23/12 at 10:06 A.M., in interview, Resident #9 was asked if she chose when to get up in the morning. She indicated that she was awakened at approximately 6 A.M. and would like to get up around 7 A.M. or 8 A.M.</p> <p>On 10/29/12 at 3 P.M., the CNA (certified nursing assistant) assignment sheet for Resident #9 indicated she prefers to sleep till around 8 A.M. This assignment sheet also indicated Resident #9 was alert and oriented.</p> <p>On 10/30/12 at 10:35 A.M., during interview with 3 CNAs on day shift, CNA #1, CNA #2 and CNA #3, they indicated there are specific residents they don't get up until after 9 A.M. They listed three specific residents, but not Resident #9. They also indicated there were residents on their assignment sheet that didn't get up until 8 A.M., but didn't list any specific residents.</p> <p>On 10/31/12 at 12:35 P.M., during</p>						

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	<p>interview with the DON (Director of Nursing), she indicated the facility had already addressed this on the CNA assignment sheets.</p> <p>3. On 10/22/12 at 2:35 P.M., Resident #14 was interviewed regarding choice of rising in the morning. The resident indicated she was gotten up when it was still dark and then they put me to bed when it's still light and that makes for too long a night. The resident did not think anyone ever asked her what she wanted.</p> <p>On 10/29/12 at 12:30 P.M., the Social Service Director was interviewed regarding the process to determine resident choices. He indicated on admission he asked residents about their preferences for times to get up and times to go to bed. He indicated he relayed their choices to nursing who would set up the schedule and then put it on the CNA assignment sheets. He indicated there wasn't anywhere else he knew of that choices were documented.</p> <p>On 10/29/12 at 1:01 P.M., the DON (Director of Nurses) was interviewed. She indicated she was responsible to determine resident preferences</p>			

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	<p>including choice of time to get up and go to bed and whether they prefer day or evening showers or baths. She indicated she then tells the Administrator and the choices are implemented; however, they are not documented formally anywhere except the CNA assignment sheets.</p> <p>CNA assignment sheets were reviewed for Resident #14 on 10/29/12 at 3:00 P.M., and no rising or retiring preferences were provided on the sheets.</p> <p>3.1-3(u)(3)</p>			

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F0250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Based on observation, interview and record review, the facility failed to identify potential impact of hollering behavior of one resident on other residents. The hollering behavior of Resident #13 resulted in Resident #22 requesting a room change. Resident #13</p> <p>Findings include:</p> <p>On 10/23/12 from 10:15 A.M. to 11:30 A.M., Resident #13 was heard hollering "mamma" aloud for sustained periods of 10-15 minutes. Her door was open to the hall. CNA #7 indicated staff had been successful in redirecting her with repositioning at times, but were not having as much luck the last 1/2 hour, although she didn't seem to be in pain and this was a characteristic behavior when she was awake.</p> <p>On 10/25/12 at 10:30 A.M., Resident #13 was heard from 5 doors away to be hollering "Mamma." CNA #2 and #6 went to attend the resident. CNA #2 indicated they intended to</p>			F0250	<p>F250It is the practice of the facility to provide medically related social services.The chart of the resident affected by this deficiency was reviewed and updated as needed. The charts of other residents with potential to be affected by this deficiency were reviewed and updated as needed.The facility policy and protocol for tracking, monitoring and documenting resident behavior was reviewed by the HFA, the Director of Nursing and the Social Service Director on November 9, 2012.To monitor for compliance, the behavior tracking logs and behavior documentation will be reviewed by the HFA three times weekly. Any resident that is triggered for adverse behaviors will be monitored through PAR (person at risk) meeting weekly.To ensure continued compliance, the results of the reviews above will be reported monthly to the Quality Assurance Committee for three months and then quarterly thereafter.</p>		11/09/2012

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	<p>reposition the resident and see if that would settle her. They were observed during this process. The resident seemed to holler more intensely during care and repositioning, but then took some fluids and settled into a more quiet rest.</p> <p>The clinical record of Resident #13 was reviewed on 10/25/12 at 9:00 A.M. The behavior of hollering, hallucinating and mood changes were assessed, logged and addressed with a multidisciplinary plan of care, which was observed to have been implemented. Documentation was lacking to indicate the potential impact to residents housed in proximity to Resident # 13 had been considered, assessed or addressed unless there was a specific complaint or concern brought to the facility's attention.</p> <p>On 10/23/12 at 1:27 P.M., Resident # 22 indicated during interview that he had been negatively impacted by the hollering of Resident #13 both day and night. He indicated he understood the resident couldn't help it, but he had to ask for a room change to get away from it. He indicated he had known the resident in previous years, having attended the same church, and it was a hard</p>						

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	<p>decision he struggled with before finally asking for the room change.</p> <p>On 10/25/12 at 2:20 P.M., the Social Service Director (SSD) was interviewed regarding the psychosocial impact behaviors like that of the hollering of Resident #13 might have on other residents. The SSD indicated he did assessments with each resident quarterly and invited them to report if they were having any problems with other residents; however, there was no systematic assessment of the impact or potential impact of specific behaviors on other residents at the time of the behavior of Resident #13.</p> <p>3.1-34(a)</p>				

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F0254 SS=C	<p>483.15(h)(3) CLEAN BED/BATH LINENS IN GOOD CONDITION</p> <p>The facility must provide clean bed and bath linens that are in good condition.</p> <p>Based on observation, interview and record review, the facility failed to have a system in place to ensure an adequate supply of bath linens was available for staff use, on 2 of 7 survey days potentially affecting residents on 3 of 3 halls.</p> <p>Findings include:</p> <p>On 10/26/12 from 12:55 P.M. until 1:22 P.M., the care of residents whose rooms were in the 400 hall was observed. CNA #4 was attempting to provide personal care for Resident # 7, but had no wash cloths or towels. At the same time on the opposite side of the hall, Resident #3 who also needed personal care was being cared for by CNA #1. CNA #4 called down the hall and hailed RN #1 to ask for assistance with obtaining the needed linen. The nurse indicated she would bring it as soon as possible. She returned 12 minutes later stating "I took so long because there were none down here and they are locking them up again. I had to go back to laundry and I got what I could."</p>	F0254	<p>F254The facility does provide clean bed and bath linens.An inventory of linen was done by laundry staff to determine stock on hand. The facility places linen orders at least monthly or more often if needed. The laundry staff is disposing of any worn linen. The facility has installed an additional water softener. A technician inspected chemical use of the machines for proper functioning of the equipment. Staffing schedules have been reviewed and adjusted as needed.To monitor for compliance, the HFA and/or designee will check condition of laundry, linen and supply daily. Inventory will be monitored and orders placed as needed to ensure sufficient supply of clean linen.Any negative findings will be reviewed during the Quality Assurance Committee meetings monthly for three months, then quarterly thereafter.</p>	11/09/2012	

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	<p>On 10/30/12 at 10:15 A.M., the supply of clean linen available for use, was observed on 3 of 3 halls. There were no towels or wash cloths available on the 200 or 400 halls. There was one tattered wash cloth and one hand towel in the 300 hall. Directly, the Laundry Department processing was observed. The soiled linen room of the laundry was piled hip high with bags of soiled linen, some spilled over with linen onto the floor. There was a stench of BM and ammonia permeating the room. In the clean processing room all washers and dryers were full and functioning. The Laundry Assistant #1 indicated "I have been running my tail off to get wash cloths and towels to the girls. I told them to just come and get them out of the dryer even if I haven't got them folded. The night shift person didn't come in and when I got here there was no clean, washed linen for the aides to start with and they needed it. I haven't even got started on the other dirty linen yet for just working on what they need right now." She indicated she had been having trouble keeping the laundry department in order and pointed out all the areas she had worked to organize and clean which were "in an awful mess" since there was "no supervisor in charge." She attributed</p>			

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	<p>the problems to "one girl quit who was part time laundry and our supervisor has been gone for awhile...don't know if she will be able to come back and then we had the call in... "</p> <p>The laundry staff schedule posted in the laundry department identified the laundry supervisor to be scheduled 1 to 3 times each week to actually process laundry.</p> <p>On 10/30/12 at 10:35 A.M., CNA #3 was interviewed and indicated she was having a problem getting showers done because staff didn't have enough clean shower linen which they were waiting for.</p> <p>On 10/30/12 at 11:10 A.M., the Administrator and Regional Director were informed of the problem. They indicated they had adequate supplies of linen in inventory, which was verified by invoice and observation. They indicated they did have a concern with the condition of linen being used which was iron stained and not "hotel white." They indicated 2 months ago a plan was initiated to obtain a new water softener system and that plan was progressing. They did not identify a plan to supplement shortage in work hours for laundry processing. The Administrator</p>						

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	<p>indicated the Laundry Supervisor's return was "up in the air" and she had tried to get a replacement for the night shift laundry staffer who had called in, but she was unable to do so. She indicated she felt she had the staffing needs in laundry "handled."</p> <p>3.1-19(g)(5)</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. Based on observation, interview and record review, the facility failed to provide needed services of hygiene and grooming for 4 of 28 alert and oriented residents in a sample of 40. Resident #13 Resident #21 Resident #7 , Resident #35  Findings include:</p> <p>1. On 10/25/12 at 10:30 A.M., totally dependent and incontinent Resident #13 was observed to be receiving care from CNA #2 and CNA #6. They indicated they were going to turn and reposition the resident to try and alleviate her restlessness. The CNAs repositioned the resident without checking or changing her. There was an odor of incontinence and when the CNAs were informed of the need to check her skin they did so. The resident's disposable incontinent pad was very wet and her buttocks was smeared with loose BM. CNAs placed a clean disposable incontinent pad over a soiled washable incontinent pad, covering a circle of</p>	F0312	F312It is the practice of the facility to provide necessary services to residents to maintain good grooming and personal hygiene. The charts and nurse aide assignment sheets of the residents affected by this deficiency were reviewed. The charts and nurse aide assignment sheets of residents with potential to be affected by deficiency were reviewed. Changes were made as needed. An in-service was presented on November 8, 2012 with staff to review facility protocol for giving resident care and follow through with assignments on the nurse aide assignment sheets. The nurse aide assignment sheets are updated daily with any changes. To ensure continued compliance, the Director of Nursing and/or charge nurse will observe ADL care for a minimum of three residents weekly to ensure care is provided per care plan. Any negative findings will be reviewed with the nurse aide responsible for the resident. To monitor for compliance, the Director of Nursing will review two nurse aide assignment sheets daily and assess and/or interview resident to ensure care is	11/09/2012	

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	<p>urine with a diameter of about 5 inches.</p> <p>2. On 10/23/12 at 12:58 P.M., Resident #21 was interviewed. She indicated that the dialysis unit instructed she not take showers or tub baths, but only bed baths to protect her shunt. She indicated she was "...having a hard time getting 2 (bedbaths) a week. Most of the time they just hand me a washcloth, not even a basin of water." She indicated she could not cleanse personal areas since she was unable to stand. She indicated she could not get her hair shampooed at all and had to pay the beautician twice a week to wash her hair and blow dry it (no styling was required). She indicated she could not afford that service and she thought it should be included in her care ..."</p> <p>3. On 10/26/12 at 9:30 A.M., the Beautician was interviewed. She named 2 residents for whom she did shampoo and blow dry and received resident payment. Both had straight hair which required no styling. Resident #21 (noted in interview above) and Resident # 7. She indicated she provided shampoos twice weekly to Resident #21 and once weekly to Resident #7.</p>		provided per plan. All findings will be reported to the HFA and reviewed monthly for six months during the Quality Assurance meetings.				

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	<p>4. On 10/26/12 at 10:20 A.M., Resident #7 was observed to have stringy straight oily hair. The hair was malodorous with some matting in the back. She indicated she had her hair washed once weekly and it would be done at her beauty shop appointment today (Friday, also a scheduled bath day). She indicated the beautician did her hair because "there's nobody else who can do it and I can't do it for myself." At 11:24 A.M., just after the beauty shop appointment, the resident was observed with her hair fluffy, shiny, smooth, clean and fragrant. When asked how it felt she stated "wonderful."</p> <p>5. On 10/25/12 at 5:00 P.M., a confidential interview with CNA #100 was completed. The CNA indicated there were staffing shortages, which resulted in failure to deliver care. The CNA indicated "We are very short staffed which is worse with call ins. When we have 6 showers to do plus our regular assignments, it just isn't possible so I admit sometimes all we can do is just take them in the shower room and do a quick wipe up and no shower..."</p> <p>6. On 10/22/12 at 3:16 P.M., Resident #35 indicated "If I'm lucky I get one shower every 6 days." He</p>						

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	<p>also indicated at this time, he would like to take his shower of a morning, but frequently it is given after supper. Resident #35 indicated his shower days were Tuesday and Fridays.</p> <p>On 10/29/12 at 3:12 P.M., the current CNA (Certified Nursing Assistant) assignment sheet indicated his bath schedule days were Tuesday and Friday.</p> <p>On 10/30/12 at 10:55 A.M., the MDS (Minimum Data Set Assessment) Nurse was interviewed regarding documentation of the resident's showers. She indicated the documentation of a resident's shower would be in the nurses notes. The MDS Nurse at this time indicated from September 1 through September 30, 2012, the resident had documentation of a shower on 9/7/12 and 9/27/12. The MDS nurse indicated Resident #35 had been hospitalized on 9/30/12 through 10/6/12.</p> <p>On 10/30/12 at 12 P.M., the DON (Director of Nursing) provided documentation of Resident #35's showers in September and October 2012 as on 9/7/12 and 9/27/12. The resident was readmitted on 10/6/12. Documentation indicated after the resident had been readmitted on</p>			

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	<p>10/6/12, his first shower was 10/11/12. The next shower documented was 10/17/12.</p> <p>On 10/31/12 at 12:35 P.M., the DON was interviewed regarding lack of showers for Resident #35. No further information was provided.</p> <p>3.1-38(a)(2)(A) 3.1-38(a)(3)(B)</p>			

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F0323 SS=E	<p>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 observation and interview, the facility failed to ensure comfortable and/or safe water temperatures were maintained for 5 of 8 alert, confused and independently ambulatory residents in a total census of 50. Resident #53 (Room 315), Resident #17 (Room 312) , Resident #45 (Room 405), Resident #42 (Room 414) and Resident #52 (Room 402).</p> <p>Findings include:</p> <p>During resident room observations on the day of entry into the facility on 10/22/12, the following water temperature was observed at 11:25 A.M: In resident Room 311, 128.8 degrees Fahrenheit (F). This temperature was observed with an ISDH (Indiana Stated Department of Health) issued digital thermometer.</p> <p>On 10/22/12 between the times of 11:25 A.M. and 12:14 P.M., the following temperatures were recorded with an ISDH issued digital</p>	F0323	F323The facility does ensure that the resident environment is maintained to remain free of accidents and hazards as is possible.The HFA and Maintenance Supervisor reviewed State regulation relating to temperatures for water for bathing and in resident rooms.The Maintenance Supervisor does random checks of water temperatures in resident care areas weekly and records on log. The Maintenance Supervisor and HFA are aware of the appropriate water temperature ranges.A mixing valve was installed on one water heater. The temperature of the water heaters were adjusted. Temperatures are randomly taken daily. The temperatures have consistently been within the appropriate range of 100 to 120 degrees.To monitor for compliance, the Maintenance Supervisor will check water temperatures daily in four rooms. Once weekly, the HFA and/or designee will accomply the Maintenance Supervisor in checking the temperatures. Any adverse findings will be reviewed with the HFA.To ensure	11/01/2012

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	<p>thermometer: Room 315 = 125.4 F 312 = 122.2 F 314 = 125.2 F 311 = 128.8 F 310 = 126.5 F 410 = 128.5 F 316 = 126 F 313 = 127 F 202 = 122.5 F 206 = 125.8 F</p> <p>Between the times of 11:40 A.M. and 12:37 P.M., the following temperatures were recorded by the MS (Maintenance Supervisor) using his thermometer: Room 315 = 108.6 312 = 124.7 F. This was rechecked at the same time with an ISDH thermometer and read 122.5 F. 314 = 116 F 311 = 120.2 F 310 = 119.5 414 = 128.2 F 410 = 127 F 411 = 118.8 F 316 = 108 F. This was rechecked at the same time with an ISDH thermometer and read 108 F. 313 = 115 F 403 = 120.2 F 401 = 122.3 F.</p>		<p>continued compliance, the water temperature log will be reviewed monthly at the Safety Committee meeting and any negative findings will be reported to the Quality Assurance committee monthly for six months and then quarterly thereafter.</p>				

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	<p>402 = 123.1 F 406 = 124.1 F 405 = 122 F 407 = 120.4 F 409 = 121.6 F 317 = 119.2 F 318 = 114.6 F</p> <p>On 10/22/12 at 12:20 P.M., the MS was interviewed. He indicated he wanted the water temperatures to be between 115 F and 125 F. He indicated he checks the shower rooms weekly and always checks 3 random resident rooms in each hall. He indicated the water temperatures do vary and seem to be "a little higher than normal, maybe 3 - 4 degrees F." The MS indicated he wasn't sure how he would verify the accuracy of the digital thermometer.</p> <p>On 10/22/12 at 12:50 P.M., the digital thermometers used by the MS and by ISDH were put into a glass of ice and water at the same time. The MS thermometer was observed to read 32 F and the ISDH thermometer was observed to read 33.4 F.</p> <p>On 10/22/12 at 12:45 P.M., the DON (Director of Nursing) was interviewed. She indicated the following residents are alert, confused and independently mobile: Resident #53 (Room 315),</p>						

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	<p>Resident #17 (Room 312), Resident#45 (Room 405), Resident #42 (Room 414) and Resident #52 (Room 402).</p> <p>On 10/22/12 at 12:55 P.M., the MS provided copies of his weekly water temperature records for the year 2012. The highest water temperatures logged were documented as 117 F.</p> <p>On 10/22/12 at 1:04 P.M., the MS was interviewed. He indicated they have one mixing valve for water in the facility. He also indicated two hot water heaters serve the resident rooms.</p> <p>On 10/22/12 at 3:53 P.M., the MS was interviewed. He was unable to provide a policy and procedure for facility water temperatures at this time. He indicated this summer the facility put in a new water heater. He indicated they installed the new water heater on 3/20/12.</p> <p>On 10/30/12 at 12:10 P.M., the water temperature was checked in the shower room with the MS. The water temperature was read at 127.2 F, using the MS's thermometer. The MS indicated when he tested the shower</p>			

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	<p>water temperature that morning, it tested at 110 F. The MS indicated at this time, "I don't understand how one time it can be ok and another time it is high. I will adjust the mixing valve again." On 10/30/12 at 12:40 P.M., the MS indicated he had called a local plumber and they would be over to check on the problem today. The MS also stated he had turned the mixing valve down today in response to this elevated temperature. The MS also indicated he checks the shower temperatures once a month.</p> <p>On 10/31/12 at 10:20 A.M., the MS was interviewed. He indicated that yesterday the local plumber had been to the facility. The MS indicated the plumber said the facility needed to have a mixing valve added to the water line that comes off the laundry room and goes into the shower room. The MS indicated the plumber would be adding a new mixing valve and it is currently on order. He stated this will take care of the fluctuation in the shower room water temperature. He explained that the new mixing valve will prevent the water coming off the laundry line to shoot up in temperature for the shower line which is directly beside the laundry room.</p> <p>3.1-19(r)</p>						

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F0325 SS=D	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on interview and record review, the facility failed to ensure interventions were verified as implemented for residents who experienced significant weight loss for 2 of 4 residents reviewed for nutrition. Resident #32, Resident #59</p> <p>Findings include:</p> <p>1. The clinical record of Resident #32 was reviewed on 10/29/12 at 11 A.M. A Nutrition Risk Assessment was dated 9/25/09, and indicated the following for the resident: ideal body weight of 99 - 110 lbs.; height of 62 inches; weight of 95.3 lbs.</p> <p>A Dietary Progress note from the Registered Dietician was dated 7/16/12 and included but was not limited to the following: Weight is decreasing, is on a regular diet with finger foods. Weight is 75.3 pounds,</p>	F0325	F325The facility does maintain the nutrition status of residents unless declines are unavoidable.The careplans and charts of residents affected by this deficiency were reviewed and updated if needed. The charts of other residents with potential to be affected by this deficiency were reviewed and updated if needed.An in-service was conducted on November 8, 2012 with staff to review food consumption record and documentation of supplements for all shifts. The nurse aide assignment sheets have been updated to indicate residents who receive supplements. Changes will be made per dietician review to the nurse aide assignment sheets.To monitor for compliance, the Dietary Director or designee will review food consumption record of residents on supplements daily to ensure completion.To ensure continued compliance, any adverse findings will be reviewed daily at	11/09/2012	

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	<p>which is a 12% weight loss x 30 days. Recommend house shakes twice a day between meals. Will continue to monitor oral intake, weight.</p> <p>Another note from the Registered Dietician, dated 7/16/12, included but was not limited to the following: "diet changed to finger foods, won't drink shakes, already receives ice cream tid b/w (between) meals..."</p> <p>A care plan, dated 8/14/12, addressed the problem of "At risk for weight loss/hx (history) of weight loss." Related to inadequate intake at times, Alzheimer's or other dementia. Interventions included but not limited to the following: "provide ice cream bid (twice a day between meals and prn (as needed), monitor consistency tolerance, appetite, weight, monitor and record appetite, weight..." The goal is documented as "...will be adequately nourished as evidenced by weight will be WNL (within normal limits) of her UBWR (usual body weight range) of 85 - 95 pounds."</p> <p>On 10/25/12 at 2:25 P.M., the DON (Director of Nursing) provided a current copy of the Resident #32's intake record for July, August, September and October 2012. This form included, but was not limited to</p>		management meeting. Areas of pattern or trend will be reviewed during the Quality Assurance meetings monthly for six months and then quarterly thereafter.				

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	<p>the following information: breakfast, dinner and supper meal intake as well as A.M. and P.M. snack intake.</p> <p>For the month of July 2012, documentation is lacking of the resident receiving an A.M., P.M. and bedtime snack (one time the hs snack was documented as refused on 7/1/12). August 2012 documentation indicated the resident received an A.M. snack 3 times, documentation was lacking of the resident having received a P.M. snack and 1 time the resident was documented as having refused a bedtime snack. September intake record indicated the resident received an A.M. snack 9 days, a P.M. snack 7 days and documentation was lacking of the resident having received a bedtime snack. For the current month, there were, to date, 3 days documented of the resident having received an A.M. snack and two days of the resident having received a P.M. snack. Meal intakes ranged from 10 percent to 100 percent during the month. At this time, the DON was interviewed. She indicated the CNAs (Certified Nursing Assistants) give the resident's their snacks and document it on the intake records.</p> <p>At this time, the DON also provided a</p>				

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	<p>copy of all the resident's weights from June 2012 to current. These weights are as follows: 6/4/12: 85.1 lbs; 7/3/12: 75.3 lbs; 8/4/12: 82.8 lbs; 9/5/12: 79.3 lbs and 10/3/12: 79.2 lbs.</p> <p>On 10/29/12 at 3:20 P.M., the DON and the Food Service Manager (FSM) were interviewed. The FSM indicated the resident gets ice cream between meals and when she requests it because the resident didn't drink the shakes. The DON stated this ice cream is documented on the consumption record where the meals are also documented. The DON stated dietary sends out the ice cream, and the nursing staff gives it to the resident. The DON stated at this time, that the weights are discussed in the PAR (patient at risk ) committee meeting. The DON indicated if there is a substantial weight change, the facility discussed it and the CNAs reweigh the resident. Documentation is lacking of a reweight from the July 2012 10 lb weight loss. The DON indicated no reweight is documented from the 10 lb weight loss in July 2012. She indicated the reweighs would be on the nurses notes. The DON indicated at this time, if she asked the staff to get a reweight, they would have done</p>				

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	<p>it.</p> <p>On 10/30/12 at 10 A.M., CNA #4 was interviewed. She indicated the resident gets ice cream at 10 A.M. and also 2 P.M. She indicated the CNAs document on the resident intake record the amount of ice cream the resident consumes when they give it to them.</p> <p>2. The clinical record of Resident # 59 was reviewed on 10/30/12 at 2 P.M. The resident was admitted to the facility on 7/7/12 with a diagnosis of confusion and falls.</p> <p>On 10/25/12 at 2:41 P.M., the DON was interviewed. At this time, she provided copies of resident weights since admission and meal consumption records. She indicated at this time, the resident is a very difficult resident. She indicated the resident came to them and had a diagnosis of severe alcohol abuse and recent withdrawal, sacral decubitus ulcers and alcohol dementia. The DON indicated the resident went to the hospital and returned on 7/26/12. She indicated since that time, the resident has progressively become stronger and on 9/26/12, per his request, had his G tube (gastrostomy tube, tube through</p>				

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	<p>which liquid nutrition can be given to the resident) removed. The DON indicated this resident has his own pattern to eat, may not eat at specific meal times and will go into kitchen at a later time and request something. She stated the resident gets two ice creams tid (three times a day) between meals and prn (as needed).</p> <p>A care plan, dated 10/10/12, addressed the following problem: "Resident has a varied appetite/weight fluctuation." Goal is identified as "nutritional needs will be met as evidenced by weight maintenance." Interventions included but not limited to the following: "...provide two ice cream tid (three times a day) between meals and prn (10/15/12)."</p> <p>A dietary note, dated 10/12/12, indicated the following: "...resident with ice cream tid between meals, rec (recommend) two ice creams be given tid between meals and prn...wt is 159.7 # which is a 12% wt loss x 30 days. Will cont (continue) to monitor po intake..."</p> <p>On 10/30/12 at 2:25 P.M., the DON provided a copy of the resident's intake record for October 2012. This form documented the resident</p>						

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	<p>refusing an A.M. snack one time and received two A.M. snacks for the month. P.M. snacks were documented as received 3 times during the month. Documentation was lacking of the resident refusing snacks the remaining days of the month. Documentation was lacking of the resident receiving and/or refusing hs snacks for the month.</p> <p>On 10/31/12 at 11:20 A.M., the FSM (Food Service Manager) provided copies of dietary notes from 9/24/12 that indicated the following: "...wt (weight) 174.6 lb., which is a 19% wt gain x 30 days and a 5% wt gain x 60 days...IBW (ideal body weight) is 178 #. A note, dated 10/8/12, indicated the following: "...wt 154 #, wt is fluctuating...tid between meal snacks...continues to receive ice cream tid between meals and accepts 100% - current weight is 154#, which is 7# increase 90 days but a 21# decrease/30 days..." A note, dated 10/12/12, indicated "...wt 159.7# which is a 12 # loss x 30 days, will continue to monitor po (oral) intake..."</p> <p>3.1-46(a)(1)</p>			

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F0353 SS=F	<p>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 observation, interview and record review, the facility failed to provide nursing staff required for resident care involving 3 observed residents, 7 of 7 confidential family interviews, 3 of 3 staff interviews and 2 of 2 confidential resident interviews. Resident #21 Resident #7 Resident #3, Confidential Family Interview #6, Confidential Resident interview #100, Confidential Resident Interview #101, Confidential family #7, confidential family #8, confidential family #9</p>	F0353	F353The facility does provide sufficient staffing based on resident need and plan of care.The nursing schedule has been reviewed by the HFA and the Director of Nursing to ensure sufficient staffing on daily basis. Staffing for the facility is reviewed by the HFA and the Director of Nursing and adjusted for an increase in census and/or resident level of care. Staffing levels in the facility are monitored and based on acuity of the residents.All nursing staff were instructed on process to use and who to contact when they feel	11/09/2012	

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	<p>Findings include:</p> <p>1. On 10/23/12 at 12:58 P.M., Resident #21 was interviewed. She indicated that the dialysis unit instructed she not take showers or tub baths but only bed baths to protect her shunt. She indicated she was "...having a hard time getting 2 (bedbaths) a week. Most of the time they just hand me a washcloth, not even a basin of water." She indicated she could not cleanse personal areas since she was unable to stand. She indicated she could not get her hair shampooed at all and had to pay the beautician twice a week to wash her hair and blow dry it (no styling was required). She indicated she could not afford that service and she thought it should be included in her care but she indicated the aides "can't do those things for me...they are good workers but they just have too much for anybody to do."</p> <p>2. On 10/25/12 at 5:00 P.M., a confidential interview with CNA #100 was completed. The CNA indicated there were staffing shortages, which resulted in failure to deliver care. The CNA indicated "We are very short staffed which is worse with call ins. When we have 6 showers to do plus our regular assignments, it just isn't</p>		<p>they are unable to complete job responsibilities. To monitor for compliance, daily staffing will be reviewed by the HFA, the Director of Nursing and/or designee. Hours will continue to be adjusted as needed based on resident need. The nursing schedules will be reviewed by the HFA before posting. To ensure continued compliance, any negative findings will be reported to the Quality Assurance committee monthly for three months and then quarterly thereafter.</p>				

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	<p>possible so I admit sometimes all we can do is just take them in the shower room and do a quick wipe up and no shower. We can't get done but if we complain or say we can't get done they (Administrator and Director of Nursing) don't want to hear that and you are risking your job... We also have to take care of the residential residents who need toileting and cleaning when their QMA (Qualified Medication Aid) is not here...We are so busy in order to get everyone up in time for breakfast we have to get them up at 5:30 A.M. even if they are sleeping."</p> <p>Two additional CNAs, willing to be interviewed on 10/29/12, indicated staffing problems. Their statements included: "just too short of help, can't get done...: and " we can't get done with resident care...we try to work together but there is only so much a person can do so we do the most important things for the residents who have the worst needs...it's hard."</p> <p>On 10/30/12 at 10:00 A.M., the QMA assigned to the care of residential residents indicated she worked 4 days per week and she indicated when she was not working and there was no QMA or extra nurse for the Residential residents, the baths and</p>				

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	<p>bed making she would normally do are done by the certified area CNAs who "just jump over and do it."</p> <p>3. On 10/26/12 at 9:30 A.M., the Beautician was interviewed. She named 2 residents for whom she did shampoo and blow dry their hair and received resident payment. Both had straight hair which required no styling. Resident #21 (noted in interview above) and Resident # 7. She indicated she provided shampoos twice weekly to Resident #21 and once weekly to Resident #7.</p> <p>On 10/26/12 at 10:20 A.M., Resident #7 was observed to have stringy straight oily hair. The hair was malodorous with some matting in the back. She indicated she had her hair washed once weekly and it would be done at her beauty shop appointment today (Friday, also a scheduled bath day). She indicated the beautician did her hair because "there's nobody else who can do it and I can't do it for myself." At 11:24 A.M., just after the beauty shop appointment the resident was observed with her hair fluffy, shiny, smooth, clean and fragrant. When asked how it felt she stated "wonderful."</p> <p>4. The nursing activity on the 400</p>			

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	<p>wing was observed on 10/26/12 from 12:55 P.M. to 1:22 P.M. During that time there were 3 call lights on and awaiting response. Additionally there were 2 residents in need of care, Resident #7 and Resident #3.</p> <p>Resident #7 was observed to be attempting to stand and pull back the covers of her bed. She had an alarm in use and had a history of falls. She had not used her call light and the alarm had not begun to sound. CNA #4 was informed of the problem as she entered the 400 wing and she responded to the bedside. There, CNA #4 encouraged Resident #7 to accept assistance to the bathroom before being assisted to lay on her bed for a nap. The resident was anxious to get to bed and was pressing to stand. The CNA indicated she could not safely leave the resident but had to get wash cloth and towel for the procedure. She called down the hall and hailed RN #1 to assist her in procuring the needed items while she stayed with Resident #7. As the CNA awaited the items, the RN had not returned and the CNA transferred the resident to the toilet herself without another staff person. The assignment sheet the CNA had with her was reviewed and it indicated the resident was to have the assist of</p>				

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	<p>2 for transfer. The RN was delayed in her return when trying to procure clean washcloths and towels which were in short supply.</p> <p>In the meantime, Resident #3 was heard across the hall demanding to go to the bathroom. She was attempting to self propel forward into the bathroom with her wheel chair while CNA# 1 was holding the back of the wheel chair to prevent it. The CNA pleaded "We have to wait until I can get help, we need 2 people." No assistance was available to them until CNA #4 finished toileting, providing skin cleansing and putting Resident #7 to bed, then bagging soiled articles and handwashing as rapidly as possible. At 1:22 P.M., there were still 2 of the 3 lights on in the hall which were not yet answered.</p> <p>5. On 10/22/12 between 11:00 A.M. and 12:00 P.M., 2 residents were interviewed confidentially who indicated they did not get prompt assistance with response to their call lights. One indicated "...It takes them a long time to come...sometimes it can take an hour." I told the Social Service once and then mentioned it again. The resident indicated feeling the staff were very kind and wanted to help but the problem wasn't solved.</p>						

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	<p>The second confidentially interviewed resident (interviewed after the above resident) indicated not getting prompt call light response and so trying to anticipate all needs when staff were in the room. The resident indicated when the light had to be used it could be half an hour or more before anyone answered.</p> <p>The call light of each resident above was trial tested. Each call light was functioning properly. On 10/22/12 one was unanswered from 11:20 A.M. to 11:40 A.M. (20 minutes) and one from 1:55 A.M. to 12:12 P.M. (17 minutes) during the survey.</p> <p>6. On 10/22/12 at 3:49 P.M., Resident #100 was interviewed and indicated the following: "...not enough staff in the dining room..."</p> <p>7. On 10/23/12 at 1:21 P.M., Resident #101 was interviewed and indicated the following: "...not enough staff here..."</p> <p>8. On 10/24/12 at 9:24 A.M., during confidential family interview #6, the following information was obtained: The family member indicated the facility doesn't have enough help and this has been a long term problem.</p>			

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	<p>9. On 10/29/12 at 2:07 P.M., the DON was interviewed regarding the facility policy and procedure for shampooing resident's hair. She indicated there was no specific policy for that but there was a Nursing Assistant Handbook which was followed by CNAs. Review of the handbook at that time included the portion titled Giving a shower or tub bath. Supplies to be gathered included shampoo. Step #15 was "Help resident shampoo and rinse hair."</p> <p>10. On 10/24/12 at 2:41 P.M., confidential family member #8 interview was conducted and indicated the following: Facility is short staffed on 3-11 shift. She indicated "the staff is great, just not enough of them. A while ago, they had one nurse, one QMA (Qualified Medication Assistant) and 2 CNAs (Certified Nursing Assistants) for the whole building." She indicated for the first time, she has seen the ice cart out. The confidential family member indicated staff told her the only time the ice cart is out is when State Surveyors are in the building. She indicated she has seen CNAs crying in the hall before because they say they can't get to the residents.</p>				

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	<p>11. On 10/24/12 at 3:50 P.M., Confidential Family member # 9 was interviewed. This family member indicated the following: "They really need for help, CNAs...call lights are a problem, in getting them answered timely and there's just not enough staff to go around." This confidential family member also indicated "the water pass just doesn't happen cause (sic) the girls don't have time."</p> <p>12. On 10/26/12 at 9 A.M., Confidential Family Member #7 indicated the following: the family member's hair is greasy and has been so for the last 2 weeks. This family member asked why the resident has to pay \$3 a week to go to the beauty shop to get her hair washed and dried. This family member stated "Shouldn't that be part of personal hygiene."</p> <p>3.1-17(a)</p>			

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F0356 SS=C	<p><b>483.30(e) POSTED NURSE STAFFING INFORMATION</b></p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>o Facility name.</li> <li>o The current date.</li> <li>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>- Certified nurse aides.</li> </ul> </li> <li>o Resident census.</li> </ul> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation and interview, the facility failed to provide accurately posted daily staffing hours on 7 of 8 survey days. October 22, 23, 24, 25, 26, 29, 30 /2012</p>	F0356	F356The facility does post daily staffing to include date, census, number of staff and hours.The staff posting was reviewed with the Director of Nursing and charge nurse on October 30, 2012 to ensure proper completion	10/31/2012			

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	<p>Findings include:</p> <p>On each of 7 survey days (10/22, 23, 24, 25, 26, 29, and 30), the posting of survey data was reviewed at 10:00 A.M. On each day, the nursing hours included hours devoted to care of non certified residents who were housed in Residential State Licensed rooms.</p> <p>On 10/30/12 at 10:20 A.M., the Staffing Schedule Assistant / Medical Records Director was interviewed. She indicated she was responsible for posting the hours and ensuring accuracy of their calculation. She indicated she routinely included all of the nursing hours dedicated to care of Residential residents, usually at least 6 hours per day. Those hours were normally Qualified Medication Aide hours or nurse aid hours, which were spent in care of Residential residents. Residential rooms were located on the Residential unit or one side of the 200 hall.</p> <p>On 10/30/12 at 10:45 A.M., the Administrator indicated, during interview, that she had not known the posting was for federally certified resident staffing.</p> <p>3.1-13(g)(5)</p>		<p>of the form. The form was corrected on October 30, 2012 at the time the HFA was informed. The form has been posted correctly since that time and does not include residential staffing. To monitor for compliance, the HFA and/or designee will check staffing form daily for accurate completion. To ensure continued compliance, the Quality Assurance committee will review the nurse staffing for monthly for three months and then quarterly for nine months. If no issues, it will be discontinued from Quality Assurance at that time.</p>				

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F0469 SS=A	<p>483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM</p> <p>The facility must maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>Based on observation, interview and record review, the facility failed to ensure resident's rooms were free of pests in 1 of 10 resident's rooms observed. Room 318</p> <p>Findings include:</p> <p>During an interview with Resident #35 on 10/22/2012 at 3:27 P.M., approximately 13 ants were observed crawling around on his bedside table. Resident #35 made an attempt to kill the ants as he hit the bedside table, while he stated, "There are thousands of ants in here and some spiders. It's not as bad as it was this summer. I told maintenance about the ants." Resident #35 indicated when the nurse brings his medications into the room in the morning and turns the lights on, she has a fit because there are so many ants crawling around. Resident #35 indicated 2 or 3 weeks ago his son brought in 3 apples and he had placed a half eaten apple in his bedside drawer which attracted a large amount of ants.</p>	F0469	F469The facility does maintain an effective pest control system.An inspection of the facility was conducted on October 31, 2012 by the HFA and Maintenance Supervisor. There was no evidence of any ants in the facility or resident rooms. The housekeeping staff and residents were interviewed and no one had current problems with ants.The facility's pest control company was in on November 7, 2012 to complete an inspection and perform monthly service. No concerns were identified at that time.The HFA reviewed the facility pest control policy with staff during and inservice on November 8, 2012.To monitor for compliance, the HFA or designee will inspect three resident rooms and interview random staff and residents weekly for one month. The facility will continue to have monthly pest prevention services provided per our contract with vendor. Any negative findings will be discussed during the monthly safety committee meetings.To ensure continued compliance, the Maintenance Supervisor will report negative outcomes to the Quality Assurance committee monthly for six months and then quarterly thereafter.	11/08/2012			

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	<p>On 10/22/2012 at 3:53 P.M., observed while exiting Resident #35's room were approximately 10 ants crawling up the side of the resident's corner cabinet.</p> <p>On 10/30/2012 at 10:35 A.M., during an interview with the Maintenance Supervisor he indicated the facility had an ant problem this past summer, but it is better now. He indicated the facility was in control of the situation. He indicated the pest control company comes once a month or more frequently if we report a problem.</p> <p>On 10/30/2012 at 2:35 P.M., a copy of the facility's pest control work order was reviewed. The pest control company was at the facility for a routine service on 10/19/2012. The service work order indicated they inspected the public areas and found evidence of spiders, but no ants.</p> <p>3.1-19(f)(4)</p>				

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