

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/14/2014
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NAME OF PROVIDER OR SUPPLIER  SETTLERS HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3304 MONROE ST LA PORTE, IN 46350
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R000000	<p>This visit was for the Investigation of Complaint IN00141991.</p> <p>Complaint IN00141991-Substantiated. State Residential deficiencies related to the allegations are cited at R117, R214, and R217.</p> <p>Survey date: February 14, 2014</p> <p>Facility number: 004458 Provider number: 004458 AIM number: N/A</p> <p>Survey team: Janet Adams, RN, TC</p> <p>Census bed type: Residential: 29 Total: 29</p> <p>Census payor type: Other: 29 Total: 29</p> <p>Sample: 3</p> <p>These State Residential findings are cited in accordance with 410 IAC 16.2.</p>	R000000	<p>Submission 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 by the facility, or any employees, agents, or other individuals who draft or may be discussed in Response and Plan of Correction. In addition, preparation and submission of the Plan of Correction does not constitute an admission or agreement of any kind by the facility of truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R000117	<p>Quality review completed on February 17, 2014, by Janelyn Kulik, RN.</p> <p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions.</p> <p>Based on record review and interview, the facility failed to ensure there was at least one staff member working each shift with current CPR certification and current First- Aid</p>	R000117	<b>R 117 Personnel</b> Employee personnel files were audited by Residence Director and Quality Services Specialist. A "tickler" file has been created to track the expiration dates for 1st Aid and	04/04/2014
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	<p><b>Certification between 1/22/14 through 2/14/14.</b></p> <p>Findings include:</p> <p>The facility staffing schedule for the dates covering from 1/22/14 through 2/14/14 were reviewed on 2/14/14 at 11:00 a.m. The facility employee files were reviewed on 2/14/14 at 11:15 a.m. Review of the above schedules and employee files revealed there was no scheduled staff member with current CPR (Cardio-Pulmonary Resuscitation) and/or First Aid certificates working on the following dates/shift:</p> <p>01/23/14 Day shift-no First Aid certified staff Evening shift- no First Aid certified staff Night shift- no First Aid certified staff</p> <p>01/24/14 Day shift-no First Aide certified staff Evening shift- no First Aid certified staff Night shift- no First Aid certified staff</p> <p>01/25/14 Day shift-no First Aid certified staff Evening shift- no First Aid certified staff</p>		<p>CPR certifications. All employees requiring 1st Aid and CPR training are scheduled for training in April of 2014. No resident was found to be affected by the alleged deficiency. The Residence Director or designee will review that new applicants have current and required certifications. Employees who apply to Settlers House and do not have the required certifications will be required to complete training before being hired. New hires will have a copy of their 1st Aid and CPR certifications faxed to the Quality Services Specialist every week X 4 weeks and then monthly X 2 months and then random audits will be completed by the Quality Services Specialist or designee. Date of completion is April 4, 2014.</p>				

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	<p>01/26/14 Day shift-no First Aid certified staff Evening shift- no First Aid certified staff Night shift- no First Aid certified staff</p> <p>01/27/14 Day shift-no First Aid certified staff Evening shift- no First Aid certified staff after 7:30 p.m. Night shift- no First Aid certified staff</p> <p>01/28/14 Day shift-no First Aid certified staff Night shift- no First Aid certified staff</p> <p>01/29/14 Day shift-no First Aid certified staff Night shift- no First Aid certified staff</p> <p>01/30/14 Day shift-no First Aid certified staff Evening shift- no First Aid certified staff after 7:30 p.m. Night shift- no First Aid certified staff. No CPR certified staff</p> <p>01/31/14 Evening shift- no First Aid certified staff Night shift- no First Aid certified staff. No CPR certified staff</p> <p>02/01/14 Day shift- no First Aid certified staff</p>						

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	<p>Evening shift- no First Aid certified staff</p> <p>02/02/14 Day shift-no First Aid certified staff Evening shift- no First Aid certified staff Night shift- no First Aid certified staff.</p> <p>02/03/14 Night shift- no First Aid certified staff</p> <p>02/04/14 Evening shift- no First Aid certified staff</p> <p>02/05/14 Day shift- no First Aid certified staff Night shift- no First Aid certified staff. No CPR certified staff</p> <p>02/06/14 Day shift-no First Aid certified staff Evening shift- no First Aid certified staff Night shift- no First Aid certified staff</p> <p>02/07/14 Day shift-no First Aid certified staff Night shift- no First Aid certified staff</p> <p>02/08/14 Day shift-no First Aid certified staff. No CPR certified staff</p>			

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	<p>Night shift- no First Aid certified staff. No CPR certified staff</p> <p>02/09/14 Night shift- no CPR certified staff</p> <p>02/10/14 Day shift- no First Aid certified staff Night shift- no First Aid certified staff</p> <p>02/11/14 Day shift- no First Aid certified staff Night shift- no First Aid certified staff</p> <p>02/12/14 Day shift- no First Aid certified staff</p> <p>02/13/14 Day shift-no First Aid certified staff Evening shift- no First Aid certified staff Night shift- no First Aid certified staff. No CPR certified staff</p> <p>When interviewed on 2/14/14 at 1:00 p.m., the facility Administrator indicated he could not verify that there was a staff member with current CPR and/or First Aid training working on the above indicated shifts .</p> <p>This State Residential tag relates to Complaint IN00141991.</p>			

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R000214	<p>410 IAC 16.2-5-2(a) Evaluation - Deficiency (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident. Based on observation, record review, and interview, the facility failed to ensure a complete Evaluation was completed upon admission to the facility for 1 of 3 residents reviewed for Semi-Annual evaluations in the sample of 3. (Resident #D) (CNA's #1 and #2)</p> <p>Findings include:</p> <p>During Orientation Tour on 2/14/14 at 9:14 a.m., Resident #D was observed sitting in a wheelchair. On</p>	R000214	<p><b>R 214 Evaluation</b> A Comprehensive Nursing Evaluation was completed for Resident "D" on 2/20/14.</p> <p><b>R 214</b> An audit was completed by the Quality Services Specialist to assure compliance and assessments were updated as needed. No residents were found to be affected by this alleged deficiency. A "tickler" file system was set up to track the dates of current assessments and the next due dates for assessments. The Quality Services Specialist or</p>	03/15/2014

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	<p>2/14/14 at 12:00 p.m., the resident was observed sitting a wheelchair in the Dining Room. The resident's family member was present and cueing the resident during his meal.</p> <p>The record for Resident #D was reviewed on 2/14/14 at 10:35 a.m. The resident's diagnoses included, but were not limited to, congestive heart failure, coronary artery disease, and cerebral vascular disease. The resident was admitted to the facility on 2/4/14.</p> <p>An undated Nursing Comprehensive Evaluation was reviewed. The Evaluation was not signed. Resident #D's name and date of birth were typed on the Evaluation. The ADL (Activities of Daily Living) section was not completed. This section was to include an assessment and documentation of the resident's ability to perform ADL's such as toileting, eating, transfers, ambulation, dressing, hygiene, and bathing. The assessment was to indicate if the resident was independent, required assistance, or was dependent on staff for all the above listed ADL's.</p> <p>When interviewed during Orientation</p>		<p>designee will review the "tickler" file weekly X 4 weeks and then monthly X 1 month and then random audits will be completed by the Quality Services Specialist or designee. Completion date is 3/15/14.</p>				

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	<p>Tour on 2/14/14 at 9:15 a.m., CNA #1 indicated the resident was recently admitted to the facility. The CNA indicated the resident required the assistance of two staff members for bathing. The CNA indicated a mechanical or Sara (sit to stand) lift was to be used to transfer the resident. CNA#1 indicated two staff members were required to transfer the resident. The CNA also indicated the resident needed to be fed by staff.</p> <p>When interviewed on 2/14/14 at 10:05 a.m. the RN Quality Service Specialist indicated a Resident Evaluation was to be completed at the time the resident first moves into the facility, every 6 months thereafter, and any time there is a significant change including changes in eating, and bathing abilities.</p> <p>When interviewed on 2/14/14 at 1:15 p.m. the RN Quality Service Specialist indicated an Evaluation should have been completed for Resident #D at the time of his admission to the facility.</p> <p>This State Residential tag relates to Complaint IN00141991.</p>						

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R000217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on observation, record review, and interview, the facility failed to ensure Service Plans were updated related to changes in the</p>	R000217	<p><b>R 217 Evaluation</b> The Service Plan for Resident "B" was reviewed, updated and completed on 2/26/14. The service plan for resident "C" was reviewed, updated, and</p>	03/15/2014			

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	<p>ADL (Activities of Daily Living) abilities for transfers, toileting, and eating for 2 of 3 residents reviewed for updated Service Plans in the sample of 3. (Residents #B and #C) (CNA's #1 and #2) (RN #1)</p> <p>Findings include:</p> <p>1. During Orientation Tour on 2/14/14 at 9:12 a.m., Resident #B was observed sitting in a Broda Chair (high back reclining chair with wheels) at a table in the Dining Room.</p> <p>On 2/14/14 at 9:45 a.m., CNA #1 and CNA #2 were observed transferring the resident from a Broda chair to the toilet. The CNA's assisted the resident to a standing position and lowered the resident's pants and incontinence brief. The CNA's then assisted the resident to pivot (turn) to the toilet. Both the CNA's were holding onto the resident during the transfer from the Broda chair.</p> <p>On 2/14/14 at 12:05 p.m., the resident was observed sitting in a Broda chair in the Dining Room. The resident had an unopened</p>		<p>completed on 2/20/14. A Service Plan audit was completed by the Quality Services Specialist to assure compliance and Service Plans were updated as needed. The Quality Services Specialist or designee will review the current Service Plans prior to expiration date with nursing staff to assure it is accurate and will make any needed changes. The Quality Services Specialist will review Service Plans prior to expiration with nursing staff through April 2014. Completion date is 3/15/14.</p>				

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	<p>bottle of a nutritional supplement and another glass of a beverage in front of her. There were no staff members at the table. Resident #B picked up the unopened bottle of the nutritional supplement and tried lifting the bottle to her mouth and then put the bottle back on the table. At 12:24 p.m., the resident was served her meal tray. CNA #2 was observed sitting next to the resident. The CNA was feeding the resident her lunch meal and lifting a glass of water to the resident's mouth for the resident to drink. Continued observation indicated the CNA continued to feed Resident #B her lunch meal for the next 10 minutes. CNA #1 was then observed feeding the resident her dessert.</p> <p>The record for Resident #B was reviewed on 2/14/14 at 10:00 a.m. The resident's diagnoses included, but were not limited to, dementia, depression, and hypothyroidism. The resident was admitted to the facility on 9/12/2011.</p> <p>The 1/2014 Medical Practitioner's Order sheets were reviewed. An order written on 1/30/14 indicated the resident's Home Health Aide visits were to be increased to three times a week due to a decline in the</p>						

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	<p>resident's mobility. An order written on 1/31/14 indicated X-rays of the pelvis and hips were to be completed. The sheet listed the resident's diagnosis as difficulty bearing weight and no longer ambulating since fall on 1/23/14.</p> <p>A Nursing Comprehensive Evaluation was completed on 9/3/13. The evaluation indicated the resident required assistance with toileting and eating. The evaluation indicated the resident was independent with transfers and ambulation.</p> <p>The resident's Service Plans were reviewed. The most recent Service Plan was dated 7/31/13. The 7/31/13 Service Plan indicated the resident needed reminders to independently use the bathroom or to change her protective garments. The Service Plan did not indicate the resident needed staff assistance in using the bathroom. The Service Plan did not indicate the resident needed staff assistance with set up of meals or assistance with eating such as a verbal cueing or manual assistance. The Service Plan also indicated the resident did not require assistance of staff for transferring, getting out of a chair or bed, or</p>			

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	<p>transferring from a chair or bed.</p> <p>When interviewed during Orientation Tour on 2/14/14 at 9:12 a.m., CNA #1 indicated Resident #B required the assistance of two staff member for bathing, toileting, and transfers. The CNA also indicated the resident was fed by staff.</p> <p>2. During Orientation Tour on 2/14/14 at 9:26 a.m., Resident #C was observed sitting in a recliner chair in his room. The resident was dressed and was leaning to his right side.</p> <p>On 2/14/14 at 11:25 a.m., CNA #1 and CNA #2 were observed transferring Resident #C from the recliner chair in his room into a wheelchair. The CNA's placed a gait belt around the resident's waist area and lifted the resident to a standing position. The two CNA's then pivoted the resident and transferred him into the wheelchair. The CNA's pushed the resident in the wheelchair into the bathroom in his room. The two CNA's then transferred the resident to standing position, undid the button on his pants and pulled the resident's pants down. The two CNA's continued to</p>						

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	<p>hold onto the resident and transferred him down to the toilet seat. The CNA's had to assist the resident to stand again in order to reposition the resident on the toilet.</p> <p>On 2/14/14 at 12:15 p.m., Resident #C was observed sitting a wheelchair in his room. The resident was served his lunch tray. RN #1 was observed sitting in chair next to the resident during his meal. The resident was able to use his silverware to eat some of his food. The RN remained next to the resident during his meal cueing the resident, and at one time was observed using the silverware to pick up a piece of food and give it to the resident.</p> <p>The record for Resident #C was reviewed on 2/14/14 at 10:30 a.m. The resident's diagnoses included, but were not limited to, Parkinson's Disease, high blood pressure, and hallucinations.</p> <p>The resident's current Service Plans were reviewed. A Service Plan dated 11/1/13 indicated the resident needed reminders to use the bathroom or to change his protective garments. The Service Plan did not indicate the resident required staff</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/14/2014	
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	<p>assistance in the bathroom such as assistance getting on and off the toilet, assistance with clothing, or changing protective garments. The Service Plan indicated the resident required assistance of (1) staff member in getting out of the bed and chair, or transferring from the bed and chair. The Service Plan also indicated the resident used a walker for mobility. The Service Plan indicated the resident did not require assistance with eating, verbal cueing with meals, or any manual assistance with meals.</p> <p>When interviewed on 2/14/14 during Orientation Tour at 9:26 a.m., CNA #1 indicated Resident #C had a recent fall and he had been using two staff members to transfer the resident now. The CNA also indicated the resident also required staff assistance for feeding.</p> <p>When interviewed on 2/14/14 at 10:05 a.m. the RN Quality Service Specialist indicated residents Service Plans were to completed at the time the resident first moves into the facility, every 6 months thereafter, and any time there is a significant change including changes in changes in transfer, eating, and bathing abilities.</p>						

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	<p>When interviewed on 2/14/14 at 1:15 p.m. the RN Quality Service Specialist indicated the Service Plans for Residents #B and Resident #C should have been updated to reflect the changes in their ADL abilities.</p> <p>This State Residential tag relates to Complaint IN00141991.</p>			