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
	155243		08/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF LAFAYETTE	300 WINDY HILL DR LAFAYETTE, IN 47905

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00204257 and IN00208499. Complaint IN00204257-Substantiated. Federal/State deficiency related to the allegations is cited at F309 and F353. Complaint IN00208499 Substantiated. Federal/State deficiencies related to the allegations are cited at F 309 and F353. Unrelated deficiency is cited. Survey dates: August 29 and 30, 2016. Facility number: 000147 Provider number: 155243 Aim number: 100266900 Census bed type: SNF/NF: 104 Total: 104 Census payor type: Medicare: 7 Medicaid: 87 Other: 10 Total: 104 Sample: 11	F 0000	Please accept the attached plan of correction as ourallegation of compliance effective September 30, 2016 Facility respectfully request a deskreview. I have included the educational information and audit tool for yourreview. Any additional documents can be made available to you for your review.If you have any questions, please feel free to contact me at 765-477-7791 ext.204 Best regards, Dean Ramsey, HFA, CEO	

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

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

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	These deficiencies reflect State findings in accordance with 410 IAC 16.2-3.1. Quality Review was completed by 21662 on September 6, 2016.			
F 0241 SS=D Bldg. 00	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Based on observation, interview and record review the facility failed to provide privacy for a resident while providing care for 1 of 2 care observations.(Resident M) Findings include: During an observation on 8/30/16 at 10:10 a.m., CNA (Certified Nurse Aid) #1 was providing care to Resident M with the door opened. Resident M had on a gown that was opened in the back, an incontinent brief was uncovered, the skin on the resident's back and legs were uncovered and visible from the hallway. During an interview on 8/30/16 at 10:15 a.m., CNA #1 indicated she usually	F 0241	F241 ·Whatcorrective action will be accomplished for those residents found to have beenaffected by the alleged deficient practice? Certified Nursing Assistantwas educated on dignity and the importance of providing privacy during care.The resident was given privacy after education. ·Howwill other residents having the potential to be affected by the same allegeddeficient practice be identified and what corrective action will be taken? Observation rounds were madeon August 30, 2016 to observe for any privacy issues. No observations werenoted of residents receiving care without regards to privacy. ·Whatmeasures will be put into place or what systemic changes	09/29/2016

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	would shut the door and usually would pull the curtain while providing care. During an interview on 8/30/16 at 10:30 a.m., the Director of Nursing indicated the expectation during resident care is to have the door closed and the curtain pulled. A current policy titled "Resident Rights" received from the Director of Nursing on 8/30/16 at 2:08 p.m., indicated "....These rights include the resident's right to...Privacy and Confidentiality...Our facility will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness, and dignity...." 3.1-3(t)		will be made to ensurethat the deficient practice does not recur? Education will be providedto Staff Development Director.to all staff regarding resident's rights andprivacy during care. ·Howwill the corrective action be monitored to ensure the alleged deficientpractice will not recur? Observation rounds have beenimplemented to observe for any noted dignity issues. 10% of the residentpopulation will be randomly observed for dignity issues. Rounds are done daily Monday through Fridayfor 3 weeks then two days a week for two weeks and if no issues are observedthen rounds will be made once a week. All observations will be brought to QAPIfor review.	
F 0309 SS=D Bldg. 00	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Based on interview and record review, the facility failed to provide showers for	F 0309	F 309 ·Whatcorrective action will be accomplished for those residents	09/29/2016

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	2 of 6 a residents who preferred showers. (Resident L and K) Findings include: During an interview on 8/29/16 at 11:05 a.m. CNA (certified nurses aide) #2 indicated she had 19 residents on her work list for the day and had 3 resident showers to complete for the 6 a.m., to 2 p.m., shift and she had only completed one resident shower. She indicated when the facility was short staffed they did the best they could and lately the facility has been short staffed a lot. During an interview on 8/29/16 at 3:30 p.m., the Executive Director indicated the facility had identified a need to get and retain staff. He indicated the administrative nurses would help with the resident halls when short staffed and would answer call lights and would help during lunch. During an interview on 8/30/16 at 10:15a.m.,CNA #1 indicated the CNAs were not always able to get all the resident showers completed and would substitute a bed bath. 1. A record review was completed on 8/30/16 at 9:30 a.m., for Resident L. Diagnoses included, but were not limited		found to have beenaffected by the alleged deficient practice? Shower protocol was followed for ResidentL and K following being identified. ·Howwill other residents having the potential to be affected by the same allegeddeficient practice be identified and what corrective action will be taken? All residents scheduled for a showerhave the potential to be affected and will be offered a shower. ·Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur? All residents are offered showers and ashower sheet will be filled out if a shower is given. Should a resident refusea shower then another Certified Nursing Assistant will offer a shower. Thenurse will validate and document on the shower sheet the final showerrefusal. Following the final refusal ofthe shower then a bed bath will be offered. ·Howwill the corrective action be monitored to ensure the alleged deficientpractice will not recur? Shower sheets and the shower schedulewill be brought to the daily clinical meeting daily Monday through Friday toobserve for compliance. Any refusals or noncompliance will be reported to	

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	to, urinary tract infection, diabetes mellitus, osteoarthritis and morbid obesity. During an interview on 8/30/16 at 11:25a.m., Resident L indicated she did not get any showers the previous week. Resident L indicated the staff would assist her to wash up in the bathroom when the shower was missed. She indicated she did not feel clean after washing in the bathroom and preferred to be showered. Resident L indicated she was scheduled for showers twice a week. During a review of the Bathing Report for Resident L from 8/8/16 through 8/30/16 the resident received showers on 8/9/16, 8/12/16 and 8/19/16. Resident L should have had 7 showers (according to the resident choice of twice a week showers). A care plan dated 11/25/14 with reviewed date of 5/9/16 indicated Resident L needs/requires assistance with bathing. 2. During an interview with Resident K on 8/30/16 at 2:00 p.m. , the Resident indicated she had not had a shower on the evening before as scheduled. The Resident indicated she had chosen to have two showers a week. Her preference was evening showers on		theUnit Managers for follow up. All information with regard to showers will bebrought to QAPI for review.	

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	Monday and Thursday. She indicated she frequently missed showers. A record review for Resident K was completed on 8/29/16 at 10:50 a.m. Diagnoses included but were not limited to urinary incontinence and rheumatoid arthritis. The record indicated Resident K needed assistance with ADLs including bathing. During a review of the Bathing report for Resident K from 8/8/16 through 8/30/16, Resident K had received showers on 8/8/2016 and 8/11/2016. Resident K should have had 7 showers (per her preference of two showers per week). During an interview on 8/30/16 at 2:35 p.m., administrative staff #3 indicated she assisted the staff on the B hall on 8/29/16 for 45 minutes to one hour. She indicated she did not complete or assist the staff with any resident showers. During an interview on 8/30/16 at 2:45 p.m., administrative staff #4 indicated she assisted the staff on the B hall on 8/29/16 for one to one and a half hours. She did not complete or assist staff with any resident showers. The Federal tag relates to complaint IN00204257 and IN00208499.			

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	3.1-37(a)			
F 0353 SS=D Bldg. 00	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. Based on interview and record review, the facility failed to ensure sufficient staff were availabe to complete showers for a resident that preferred shower for 2 of 6 residents reviewed for staffing concerns (Resident L and K)	F 0353	F353 – ·Whatcorrective action will be accomplished for those residents found to have beenaffected by the alleged deficient practice? The facility will havesufficient staffing on a 24 hour basis to provide nursing care to all	09/29/2016

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	Findings include: During an interview on 8/29/16 at 11:05 a.m.,CNA (certified nurses aide) #2 indicated she had 19 residents on her work list for the day and had 3 resident showers to complete for the 6 am to 2 pm shift. She had only completed one resident shower. She indicated when the facility was short staffed they do the best they could and lately the facility has been short staffed a lot. During an interview on 8/29/16 at 3:30 p.m., the Executive Director indicated the facility had identified a need to hire and retain staff. He indicated the administrative nurses would help with the resident halls when short staffed and would answer call lights and would help during lunch. During an interview on 8/30/16 at 10:15 a.m., CNA #1 indicated the CNAs were not always able to get all the residents showers completed and would substitute a bed bath. 1. A record review was completed on 8/30/16 at 9:30 a.m., for Resident L. Diagnoses included, but were not limited to, urinary tract infection, diabetes mellitus, osteoarthritis and morbid		residents. ·Howwill other residents having the potential to be affected by the same allegeddeficient practice be identified and what corrective action will be taken? All residents have beenidentified to be affected. Staffing sheets will be brought to the clinicalmeetings daily and reviewed for any changes that may need to be made. Should aneed for more staff be identified then staffing will be altered to reflect theneed and staff will be contacted to fill the identified need. ·Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur? Calls will be placed tostaff to fill any needs that are identified. A list of all those who have beencalled or requested to fill the identified staffing need will be maintained.Should there still be a need still identified then administrative nurses willbe requested to supplement staffing needs to ensure that nursing care is beingdelivered and will be placed on the staffing sheet. A list of newhires/interviewed prospective employees will be maintained and any persons thatwalk in in seeking employment are offered an interview that day. ·Howwill the corrective action	

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	obesity. A Bathing Report for Resident L from 8/8/16 through 8/30/16, the resident received showers on 8/9/16, 8/12/16 and 8/19/16. Resident L should have had 7 showers (according to the resident choice of twice a week). A care plan dated 11/25/14 with reviewed date of 5/9/16 indicated Resident L needs/requires assistance with bathing. During an interview on 8/30/16 at 11:25 a.m., Resident L indicated she did not get any showers the previous week. Resident L indicated the staff would assist her to wash up in the bathroom when the shower was missed. She indicated she did not feel clean after washing in the bathroom and preferred to be showered. Resident L indicated she was scheduled for showers twice a week. 2. During an interview with Resident K on 8/30/16 at 2:00 p.m. , the Resident indicated she had not had a shower on the evening before as scheduled. The Resident indicated she had chosen to have two showers a week. Her preference was evening showers on Monday and Thursday. She indicated she frequently missed showers.		be monitored to ensure the alleged deficientpractice will not recur? Staffing sheets will bebrought to the clinical meetings daily Monday through Friday and reviewed forany changes that may need to be made. Staffing for the following day will bereviewed as well to observe any needed schedule staffing changes. Unit managers will observe any care issuesthat may require changes in staffing and report to the Director of Nursing/designee.Staffing sheets will be brought to daily clinical meetings Monday throughFriday and reviewed daily for any required changes. Results from hiring andstaffing will be brought to QAPI for review.	

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	A record review for Resident K was completed on 8/29/16 at 10:50 a.m. Diagnoses included but were not limited to urinary incontinence and rheumatoid arthritis. The record indicated Resident K needed assistance with ADLs including bathing. During a review of the Bathing report for Resident K from 8/8/16 through 8/30/16, Resident K had received showers on 8/8/2016 and 8/11/2016. Resident K should have had 7 showers (per her preference of two showers per week). During an interview on 8/30/16 at 2:07 p.m., the Director of Nursing (DON) indicated at present there were four CNAs needed for the day shift on the B hall (upon observation only three CNAs were present on the day shift on 8/29/16). The DON indicated when only three CNAs were present on the day shift the administrative staff would help on the unit. She indicated she did not give administrative staff any specific assignments when they were instructed to assist on the unit. During an interview on 8/30/16 at 2:35p.m., administrative staff #3 indicated she assisted the staff on the B hall on 8/29/16 for 45 minutes to one			

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	hour. She indicated she did not complete or assist the staff with any resident showers. During an interview on 8/30/16 at 2:45 p.m , administrative staff #4 indicated she assisted the staff on the B hall on 8/29/16 for one to one and a half hours. She indicated she did not complete or assist the staff with any resident showers. A current policy titled "Nursing Services" received from the DON on 8/30/16 at 2:13p.m., indicated "...Staffing will be allocated and adjusted to deliver quality care based on resident's acuity...." The Federal tag relates to complaint IN00204257 and IN00208499. 3.1-17(a)			