

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155662	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/13/2014
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NAME OF PROVIDER OR SUPPLIER NURSING CARE AT HARTSFIELD VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 503 OTIS R BOWEN DR MUNSTER, IN 46321
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F000000	<p>This visit was for the Investigation of Complaint IN00158121.</p> <p>Complaint IN00158121- Substantiated. State deficiency related to the allegation is cited at F-9999.</p> <p>Survey dates: November 12 & 13, 2014</p> <p>Facility number: 010758 Provider number: 155662 AIM number: 200229550</p> <p>Survey team: Janet Adams, RN-TC</p> <p>Census bed type: SNF: 88 SNF/NF: 20 Total: 108</p> <p>Census payor type: Medicare: 39 Medicaid: 10 Other: 59 Total: 108</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC</p>	F000000		

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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F009999	<p>16.2-3.1.</p> <p>Quality review completed on November 17, 2014, by Janelyn Kulik, RN.</p> <p>STATE RULES</p> <p>If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility must have that services furnished to residents by a person or agency outside the facility under a written agreement. Such agreements pertaining to service furnished by outside resources must specify, in writing, that the facility assumes responsibility for the following: Orientation to pertinent facility policies and residents to whom they are responsible.</p> <p>This State rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure orientation to the facility policies and procedures had</p>	F009999	<p>Nursing Care at Hartsfield Village 503 Otis Bowen Drive Munster, Indiana 46321</p> <p>This plan of correction represents the center's allegation of compliance. The following combined plan of correction and allegation of compliance is not an admission to any of the alleged deficiencies and is submitted at the request of the Indiana State Department of Health. Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.</p>	12/13/2014			

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	<p>been provided to Agency Nurses and CNA's prior to providing care and services to the residents. (Agency LPN's #1, #2, #3, #4, #5, #6, #7, and #8) (Agency CNA's # 2, #3, #4, #5, #6, #7, #8, and #9)</p> <p>Findings include:</p> <p>The facility staffing schedules from 10/1/14 thru 11/12/14 were reviewed on 11/12/14 at 1:00 p.m. The facility Agency personnel files were reviewed on 11/13/14 at 8:05 a.m. Documentation of orientation to pertinent policies and procedures was not provided for the following:</p> <p>Agency LPN #1 worked the following shifts: Day shifts- 10/7/14, 10/25/14, and 10/26/14 Evenings shifts- 10/18/14, 10/21/14, and 10/27/14 Night shifts- 10/4/14, 10/12/14, and 10/21/14 There was no record of the LPN receiving orientation related to the facility Abuse policy, Resident Rights, or Fire/Disaster preparedness.</p> <p>Agency LPN #2 worked the following shifts:</p>		<p>F9999</p> <p>The facility failed to ensure orientation to the facility policies and procedures had been provided to Agency Nurses and CNAs prior to providing care and services to the residents.</p> <p>Corrective action taken for residents found to have been affected by the deficient practice:</p> <p>Agency LPN#1: Nurse received orientation related to the facility Abuse Policy, Resident Rights and Fire/Disaster Preparedness.</p> <p>Agency LPN#2: Nurse completed a Licensed Nurse Orientation Checklist as well as receiving orientation to the facility Abuse Policy, Elder Justice Act, Fire/Disaster Preparedness and Resident Rights.</p> <p>Agency LPN#3: Nurse completed a Licensed Nurse Orientation Checklist as well as receiving orientation to the facility Abuse Policy, Elder Justice Act and Fire/Disaster Preparedness.</p> <p>Agency LPN#4: Nurse completed a Licensed Nurse Orientation Checklist as well as receiving orientation to the facility Abuse Policy, Elder Justice Act and Fire/Disaster Preparedness.</p> <p>Agency LPN#5: Nurse completed a Licensed Nurse Orientation Checklist as well as receiving orientation to the facility Abuse Policy, Elder Justice Act and Fire/Disaster Preparedness.</p>				

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	<p>Night shifts-10/30/14 and 11/1/14 There was no record of the LPN completing a Licensed Nurse Orientation Checklist, or orientation related to the facility Abuse Policy, Elder Justice Act, Fire/Disaster preparedness, or Resident Rights.</p> <p>Agency LPN #3 worked the following shifts: Evening shifts-10/14/14, 10/28/14, and 10/29/14 Night shifts- 10/28/14, 10/29/14, and 11/2/14 There was no record of the LPN completing a Licensed Nurse Orientation Checklist, or orientation related to the facility Abuse Policy, Elder Justice Act, or Fire/Disaster preparedness.</p> <p>Agency LPN #4 worked the following shifts: Evening shifts- 11/1/14, 11/2/14 and 11/8/14 There was no record of the LPN completing a Licensed Nurse Orientation Checklist, or orientation related to the facility Abuse Policy, Elder Justice Act, or Fire/Disaster preparedness.</p> <p>Agency LPN #5 worked the following shifts: Day shift: 11/9/14 Night shift: 11/7/14</p>		<p>Agency LPN#6:Nurse completed a Licensed Nurse Orientation Checklist as well as receivingorientation to the facility Abuse Policy, Elder Justice Act and Fire/DisasterPreparedness.</p> <p>AgencyLPN#7: Nurse completed a Licensed Nurse Orientation Checklist as well as receivingorientation to the facility Abuse Policy and Fire/Disaster Preparedness.</p> <p>AgencyLPN#8: Nurse completed a Licensed Nurse Orientation Checklist as well asreceiving orientation to the facility Abuse Policy, Elder Justice Act andFire/Disaster Preparedness.</p> <p>AgencyCNA#2: CNA received orientation to the facility Abuse Policy and Fire/DisasterPreparedness.</p> <p>AgencyCNA#3: CNA received orientation to the facility Abuse Policy, Elder JusticeAct, Resident Rights and Fire/Disaster Preparedness.</p> <p>AgencyCNA#4: CNA received orientation to the facility Abuse Policy.</p> <p>AgencyCNA#5: CNA received orientation to the facility Abuse Policy.</p> <p>AgencyCNA#6: CNA received orientation to the facility Abuse</p>				

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	<p>There was no record of the LPN completing a Licensed Nurse Orientation Checklist, or orientation related to the facility Abuse Policy, Elder Justice Act, or Fire/Disaster preparedness.</p> <p>Agency LPN #6 worked the following shifts: Day shift: 10/3/14 Evening shift: 10/1/14 There was no record of the LPN completing Licensed Nurse Orientation Checklist, or orientation related to the facility Abuse Policy, Elder Justice Act, or Fire/Disaster preparedness.</p> <p>Agency LPN #7 worked the following shifts: Day shift: 10/8/14 Evening shift: 10/7/14 There was no record of the LPN completing a Licensed Nurse Orientation Checklist, or orientation related to the facility Abuse Policy, or Fire/Disaster preparedness.</p> <p>Agency LPN #8 worked the following shifts: Night shifts: 10/11/14, 10/12/14, 10/19/14, 10/24/14, and 10/26/14 There was no record of the LPN completing Licensed Nurse Orientation Checklist, or orientation related to the facility Abuse Policy, Elder Justice Act,</p>		<p>Policy, Elder Justice Act and Fire/Disaster Preparedness.</p> <p>AgencyCNA#7: CNA received orientation to the facility Abuse Policy, Elder Justice Act, Resident Rights and Fire/Disaster Preparedness.</p> <p>AgencyCNA#8: CNA received orientation to the facility Abuse Policy, Elder Justice Act, Resident Rights and Fire/Disaster Preparedness.</p> <p>AgencyCNA#9: CNA received orientation to the facility Abuse Policy, Elder Justice Act and Fire/Disaster Preparedness.</p> <p>Identification of other residents having the potential to be affected by the same deficient practice: All residents receiving care and services from Agency Nurses and CNAs have the potential to be affected.</p> <p>To ensure that proper practices continue: Facility will complete an audit of all current agency Nurses and CNAs to ensure that each staff person has received the following: completed Licensed Nurse or CNA Orientation Checklist as well as orientation to facility Abuse Policy, Elder Justice Act, Resident Rights and Fire/Disaster Preparedness.</p>				

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	<p>or Fire/Disaster preparedness.</p> <p>Agency CNA #2 worked the following shifts: Day shifts: 11/6/14 and 11/7/14 Evening shift: 11/1/14 There was no record of the CNA completing orientation related to the Abuse Policy or Fire/Disaster preparedness.</p> <p>Agency CNA #3 worked the following shifts: Evening shift: 11/10/14 There was no record of the CNA completing orientation related to the Abuse policy, Elder Justice Act, Resident Rights, or Fire/Disaster preparedness.</p> <p>Agency CNA #4 worked the following shifts: Day shifts: 10/11/14, 10/25/14, and 11/8/14 There was no record of the CNA completing orientation related to the Abuse policy.</p> <p>Agency CNA #5 worked the following shifts: Day shift: 10/4/14, Evening shifts: 10/1/14, 10/2/14, 10/3/14, 10/4/14, 10/10/14, 10/11/14, 10/13/14 There was no record of the CNA completing orientation related to the</p>		<p>HumanResources manager or designee will ensure that each agency staff person workingat the facility for the first time completes the following prior to providingcare or services: Licensed Nurse or CNA Orientation Checklist as well asorientation to facility Abuse Policy, Elder Justice Act, Resident Rights andFire/Disaster Preparedness.</p> <p>The HumanResources manager/designee will initiate a monitoring tool and will conductaudits on each new Agency Nurse or Agency CNA for 4 weeks to ensure compliancewith this plan of correction. Any new agency staff member's file will beaudited to monitor compliance and/or identify trends to review with thefacility's QAA Committee. After the fourth week, the QAA Committee will reviewall audit tools and will determine if the facility has achieved at least 90%compliance with practices at which time the monitoring will cease. If the QAACommittee determines that less than 90% compliance has been achieved, themonitoring tools will continue for another 4 week period and will again bereviewed by the QAA Committee. This practice will continue until the facility hasachieved at least 90% compliance and has ensured the deficient practice willnot recur.</p>				

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	<p>Abuse policy.</p> <p>Agency CNA #6 worked the following shifts: Day shifts: 10/11/14, 10/15/14, 10/17/14, and 10/18/14 The CNA Orientation Checklist was signed on 10/18/14. There was no record of the CNA completing orientation on the Abuse policy, Elder Justice Act, or Fire/Disaster preparedness.</p> <p>Agency CNA #7 worked the following shifts: Evening shifts: 10/5/14, 10/7/14, 10/18/14, 10/22/14, 10/23/14, and 10/27/14 There was no record of the CNA completing orientation on the Abuse policy, Elder Justice Act, Resident Rights, or Fire/Disaster preparedness.</p> <p>Agency CNA #8 worked the following shift: Evening shifts: 10/13/14 and 10/20/14 There was no record of the CNA completing orientation on the Abuse policy, Elder Justice Act, Resident Rights, or Fire/Disaster preparedness.</p> <p>Agency CNA #9 worked the following shifts: Night shift: 10/21/14 There was no record of the CNA</p>		<p>Quality Assurance Plan to monitor compliance with this Plan of Correction: Identified concerns shall be reviewed by the facility's QAA Committee. Recommendations for further corrective action will be discussed and implemented as needed.</p> <p>Completion Date: December 13, 2014</p>	

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	<p>completing orientation on the Abuse policy, Elder Justice Act, or Fire/Disaster preparedness.</p> <p>Review of a Licensed Nurse Orientation Checklist indicated the checklist outlined information the employee needed to know in order to perform the responsibilities of Licensed Nurse. The Checklist included verification of review of The Nursing Procedure Manual, the Infection Control Manual, Fire and Disaster Plans, Incident/Accident Reports, Discharge of a Resident, Medication and Treatment Records, Restraint Records, Oxygen Equipment, Charting, and applicable Job Descriptions.</p> <p>When interviewed on 11/13/14 at 8:10 a.m., the facility Administrator indicated she could not locate any policy specific to Orientation of Agency staff. The Administrator indicated they had contracts agreements with the Agencies used.</p> <p>The "Facility Staffing Agreement" for Agency #1 was reviewed on 11/13/14 at 9:02 a.m. The Agreement was dated 2014. The Director of Nursing provided the agreement. The Agreement indicated the facility and the Agency entered into the agreement on June 20,</p>			

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	<p>2014. The Agreement indicated the Nursing Home was identified as the "Facility" in the agreement. The Agreement indicated the facility was to be responsible for orientating the Agency personnel to the facility's specific policies and procedures. This Facility Staffing Agreement was signed by the current Administrator on 6/20/2014.</p> <p>The "Staffing Agreement " for Agency #2 was provided by the Director of Nursing in 11/13/14 at 8:35 a.m. The Agreement provided had a date of 6/30/2005. The facility provided no other Agreement from Agency #2. The Agreement indicated the Nursing Home Responsibilities included to orientate the Agency Personnel to it's rules, regulations, and unit equipment.</p> <p>This State tag relates to Complaint IN00158121.</p> <p>3.1-13(m)(3)</p>						