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
	155280		12/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF DILLSBORO-ROSS MANOR, THE	12803 LENOVER ST DILLSBORO, IN 47018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00187979. This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint IN00184636 completed on November 6, 2015. Complaint IN00187979 - Substantiated. Federal/State deficiencies are cited at F353. Survey date: December 17, 2015 Facility number: 000178 Provider number: 155280 AIM number: 100273840 Census bed type: SNF/NF: 85 Total: 85 Census payor type: Medicare: 9 Medicaid: 62 Other: 14 Total: 85 Sample: 4 This deficiency reflects State findings	F 0000	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.	

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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	cited in accordance with 410 IAC 16.2-3.1. QR completed by 34849 on December 23, 2015.			
F 0353 SS=F 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			

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	on each tour of duty. Based on observation, interview and record review, the facility failed to provide sufficient nursing staff to provide nursing care according to resident assessments and care plans. This deficient practice had the potential to impact 85 of 85 residents in the facility. Findings include: The Staffing Coordinator provided the as-worked daily staffing sheets from October 17, 2015 through December 18, 2015 on 12/17/2015 at 11:22 a.m. and was interviewed at that time. She indicated the facility was short-staffed with the biggest concern on evening (2:00 p.m. - 10:00 p.m.) and night (10:00 p.m. - 6:00 a.m.) shifts. She indicated there was often one nurse and one CNA (Certified Nursing Assistant) for each of the four units, with an additional CNA to float between two units. She indicated having one nurse and one CNA on both unit 2 (main floor) and unit 3 (second floor), with an additional CNA to float between the two units, "happens pretty often." The Staffing Coordinator indicated units 1 and 3 were the biggest units. She indicated ideal staffing would include a nurse, a QMA (Qualified Medication Aide) and a CNA, or a nurse and 3 CNAs on both Unit 1 and 3. She	F 0353	It is the policy of this facility to provide sufficient nursing staff to provide nursing care according to resident assessments and care plans. Currently, there is adequate nursing staff to meet the needs of the residents based on their individual assessments and plans of care. The Staffing Coordinator at the time of the survey no longer works as the Staffing Coordinator at the facility. Currently,there is adequate staffing in place to meet the needs of the residents as dictated by their assessments and care plans. This includes all units. Resident J nor any other resident is remaining on the commode longer than desired. Treatments are being performed timely as per order and care plan. Residents and families of residents are satisfied with the adequacy of nursing staffing. Ice is being passed per schedule. PRN pain meds are being administered timely. Call lights are answered timely and noise levels are at an acceptable volume. Residents' beds are being made/changed per policy and additionally as needed. Assistive devices such as braces are being placed on and removed from residents as per order and care plan. As stated prior, resident needs are being met timely and according to their plans of care. Resident Council concerns are addressed timely	01/15/2016

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	indicated, "There needs to be two people [CNAs or a QMA and CNA to assist with toileting, transferring, bathing] or there's no way [it can get done]." The Staffing Coordinator indicated, "I know there are issues with showers not getting done [related to staffing]." The Staffing Coordinator indicated there were frequent call-ins and no-shows and that she was the only management staff who took call during the week. She indicated she worked evening and night shifts frequently to fill in for staff shortages. The as-worked daily sheets indicated an average of 7-10 nurse and CNA shifts not filled when posted. Nursing/CNA staff picked up some extra shifts, but several were left blank. A Compliment and Concern Form, dated 10/2/2015, was provided by the ED (Executive Director) on 12/17/2015 at 12:55 p.m. The document indicated, "Staff member put [Resident J/dependent resident] on toilet and when [roommate] asked aid [sic] to come and get [Resident J] off toilet aid [sic] stated that she would have to wait d/t [due to] in the middle of helping another resident. [Resident J] on toilet for 45 minutes...." A Compliment and Concern Form, dated 12/13/2015, was provided by the ED on 12/17/2015 at 12:55 p.m. The document		with responses shared timely as well. Residents H, J and K have their needs met and receive adequate assistance with ADLS that is prompt and to their satisfaction. This finding has the potential to affect the residents who reside in the facility. The Administrator and DON have met and discussed strategies to recruit and retain nursing staff. Regional corporate support is in place to see that adequate nursing staffing goals are met ongoing. There is a revised process for writing,posting and follow up of the schedule for nursing staff. The nursing schedule will be reviewed daily by the Administrator/Designee to see that adequate nursing staff is in place to meet the needs of the residents as per their plans of care. The DON/Designee will interview 10 residents weekly to see if they have any concerns related to getting their needs met timely. Special emphasis will be placed on the following: a.) timely assistance with toileting b.) timely administering of treatments c.) timely passing of ice/ice water d.) timely administration of prn meds e.) timely call light response f.) acceptable “noise” levels g.) timely bed making/changing h.) assistive devices donned and removed per order/schedule i.) timely response to Resident Council concerns This monitoring will continue until 4 consecutive	

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	indicated, "States nurse...has not been coming in timely to do treatment...." A Compliment and Concern Form, dated 12/17/2015, was provided by the ED on 12/17/2015 at 12:55 p.m. The document indicated, "Daughter [of dependent resident] concerned about staffing at night and in the evening...Follow-Up: Talked w/ [with] daughter re [regarding]: staffing. Notified her we are always recruiting. We are talked [sic] about staffing levels. Additional staffing of activities." Resident Council Minutes, dated 12/4/2015, were provided by the ED on 12/17/2015 at 1:20 p.m. The document indicated, "Night shift is not passing ice. A night shift nurse won't give PRN pain pills when resident's ask...Residents say ice is getting passed late and Nurse[s] are noisy at night [and] call lights are taking too long to answer. Resident Council Minutes, dated 11/6/2015, were provided by the ED on 12/17/2015 at 3:20 p.m. The document indicated, "Nursing: ...beds are not being changed 'often enough.' Resident states staff told them they were 'too busy right now' when they asked for ice. One resident says the brace she is supposed to wear is not always put on...One resident		weeks of zero negative findings are achieved.Afterwards, 3 residents will be monitored weekly for a period of not less than 6 months to ensure ongoing compliance. After that, random monitoring will occur. At an inservice held for nursing staff on 1/13/2016 Resident Rights, ADLs and Accommodation of Needs was reviewed. In addition, the necessity of being “timely” with all care needs as cited in the survey was discussed. Further, the Resident Council process was reviewed including the importance of it as a“voice” of the residents with the requirement of responding to their concerns timely and to their satisfaction with outcome. Any staff who fail to perform their role in the points of the inservice will be further educated and/or progressively disciplined as indicated. At the monthly QA meetings the results of the monitoring will be reviewed. Any concerns will have been addressed as found. Any patterns will be identified. An Action Plan will be written by the committee as appropriate to address any pattern(s). The Administrator will monitor any Action Plan weekly until resolution.	

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	states that it took too long for her call light to be answered. Resident also states that sometimes the aides do not make her bed...." Resident Council Minutes, dated 10/9/2015, were provided by the ED on 12/17/2015 at 1:20 p.m. The document indicated, "Nursing: One of the residents said that she needed to go to the bathroom and one of the aids [sic] told her that she had to take the smokers out first...There are a couple of aides that answer a call light and tell the resident that they will be back to help, but then they forget to come back." Resident Council Minutes, dated 9/14/2015, were provided by the ED on 12/17/2015 at 1:20 p.m. The document indicated, "The residents would like 2 aids [sic] and 2 nurses at all times on St. 3 especially on weekends." Resident Council Minutes, dated 8/7/2015, were provided by the ED on 12/17/2015 at 1:20 p.m. The document indicated, "Nursing: One resident claimed she waited 30 minutes to go to the bathroom." Resident Council Minutes, dated 7/13/2015, were provided by the ED on 12/17/2015 at 1:20 p.m. The document			

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	indicated, "Nursing: Residents needs are being pushed back due to employees taking other residents out to smoke. Some residents feel like aids [sic] need more training...There isn't enough staff." Resident Council Minutes, dated 6/4/2015, were provided by the ED on 12/17/2015 at 1:20 p.m. The document indicated, "Nursing: ...Takes too long to answer call lights. On [sic] res [resident] says she is not being changed when she rings and she is wet." During an interview on 12/17/15 at 1:33 p.m., LPN (Licensed Practical Nurse) #2 indicated she was on duty 12/16/2015 during evening shift and was assigned unit three (second floor) with one CNA. She indicated, "Residents were yelling at us because there wasn't enough help." LPN # 2 indicated staffing for evening and night shift routinely consists of one nurse and one CNA on units 2 and 3, with an additional CNA who "floats" between the two units. LPN # 2 indicated the "float" CNA went from unit 2 to unit 3 for two hours at a time. LPN # 2 indicated, "Nobody stays [regarding staff]." During an interview on 12/17/15 at 2:49 p.m., the ADON indicated, "It's feasible. I've worked it. We have inserviced staff			

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	on time management and if it's a time that we're [ADON and interim DON] still here, they can call us to come and help." The ADON indicated she and the interim DON were on call every fourth weekend. The ADON indicated there was no on call rotation during the week, and indicated, "[Staffing Coordinator] is back up during the week." The ADON indicated neither she, nor the DON, had been in to assist with staffing during evening or night shifts in the past two months. During an interview on 12/17/2015 at 2:52 p.m., the ED indicated staffing was "not ideal." During an interview on 12/17/2015 at 2:10 P.M., CNA #3 indicated she had floated between unit 2, on the ground floor, and unit 3, upstairs, "just to help out", because there was only one CNA on each floor at times. During an interview on 12/17/2015 at 2:20 P.M., Resident #G indicated she had to wait about a half hour for help to get to the bathroom and she needed two people to assist her. During an interview on 12/17/2015 at 2:35 P.M., Resident #H indicated she had trouble with her legs, if she couldn't get			

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	staff to answer her call light she would get up unassisted. During an interview on 12/17/2015 at 2:40 P.M., Resident #J indicated she had to wait a long time on second shift for help to go to the rest room or to get a bath. She further indicated on 12/16/2015, she had to wait until 9:30 p.m. to get a shower after asking several times. She has had to wait at least 20 minutes to get off the toilet and she had gone 5 days without a shower. During an Interview on 12/17/2015 at 2:50 P.M. Resident #K, indicated staffing had been short and several staff had called in lately. She further indicated on night shift there may only be one aide and one nurse. The ED provided a Resident Census and Condition of Residents listing by unit on 12/17/2015 at 3:55 p.m. The document indicated the following: 1) Unit 1: 17 of 26 required assist of 1 or 2 for bathing and 7 of 26 were dependent on staff for bathing. 26 of 26 required assist of 1 or 2 for dressing. 25 of 26 required assist of 1 or 2 for transferring. 1 of 26 was totally dependent on staff for transferring. 22 of 26 required assist of 1 or 2 for toileting. 4 of 26 were dependent			

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	on staff for toileting. 2) Unit 2: 15 of 16 required assist of 1 or 2 for bathing and 1 of 16 was dependent on staff for bathing. 15 of 16 required assist of 1 or 2 for dressing. 1 of 16 was dependent on staff for dressing. 14 of 16 required assist of 1 or 2 for transferring. 2 of 16 were totally dependent on staff for transferring. 12 of 16 required assist of 1 or 2 for toileting. 4 of 16 were dependent on staff for toileting. 3) Unit 3: 22 of 27 required assist of 1 or 2 for bathing. 23 of 27 required assist of 1 or 2 for dressing. 23 of 27 required assist of 1 or 2 for transferring. 2 of 27 were dependent on staff for transferring. 23 of 27 required assist of 1 or 2 for toileting. 4) Unit 4: 15 of 16 required assist of 1 or 2 for bathing and 1 of 16 was dependent on staff for bathing. 15 of 16 required assist of 1 or 2 for dressing. 1 of 16 was dependent on staff for dressing. 11 of 16 required assist of 1 or 2 for transferring. 4 of 16 were totally dependent on staff for transferring. 15 of 16 required assist of 1 or 2 for toileting. 1 of 16 was dependent on staff for toileting. The electronic clinical records were reviewed on 12/17/2015 at 4:06 P.M.			

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	The quarterly MDS (Minimum Data Set) assessment dated 11/05/2015, indicated Resident #G was alert and oriented with a BIMS (Brief Interview for Mental Status) of 12 and needed extensive assistance of two staff for toileting. The electronic clinical records were reviewed on 10/18/2015 at 4:15 P.M. The quarterly MDS assessment dated 11/05/2015, indicated Resident #H was mildly cognitively impaired with a BIMS of 11 and needed supervision when walking in her room. The electronic clinical records were reviewed on 12/17/2015 at 4:22 P.M. The quarterly MDS assessment dated 11/06/2015, indicated Resident #J was alert and oriented with a BIMS of 15 and needed extensive assistance of two staff for toileting and extensive assistance with one staff for bathing. The electronic clinical records were reviewed on 12/17/2015 at 4:26 P.M. The annual MDS assessment dated 11/27/2015, indicated Resident #K was alert and oriented with a BIMS of 15 and needed extensive assistance of two staff for bed mobility and extensive assistance of one staff for toileting.			

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	This Federal tag relates to Complaint IN00187979. 3.1-17(a)			