

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155232	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/19/2013
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NAME OF PROVIDER OR SUPPLIER TWIN CITY HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 627 E NORTH ST GAS CITY, IN 46933
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F000000	<p>This visit was for the Investigation of Complaint #IN00124252.</p> <p>Complaint #IN00124252-Substantiated. Federal deficiency related to the allegation were cited at F353.</p> <p>Survey dates; 3/18/13-3/19/13</p> <p>Facility number: 000137 Provider number: 155232 AIM number: 100266140</p> <p>Survey team: Shelley Reed, RN</p> <p>Census bed type: SNF/NF: 54 Total: 54</p> <p>Census payor type: Medicare: 7 Medicaid: 45 Other: 2 Total: 54</p> <p>Sample: 4</p> <p>Twin City Health Care was found to be in substantial compliance with 42 CFR Part 483, Subpart B and 410</p>	F000000	<p>Submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. This plan of corrections is prepared and submitted because of requirements under state and federal laws. Please accept this plan of correction as our credible allegation of compliance.</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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	IAC 16.2 in regard to the investigation of Complaint # IN00124252. Quality Review completed by Debora Barth, RN.				

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F000353 SS=B	<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 interview and record review, the facility failed to provide sufficient nursing staff to meet the needs of residents related to basic care. This practice affected 3 of 54 residents but potentially affected 54 of 54 residents who live in the facility. (Residents A,C, & D)</p> <p>Findings include:</p> <p>During an interview on 3/18/13 at 7:20 p.m., CNA #1 indicated there were not enough staff to help and</p>	F000353	F3531. Residents A, C, D were interviewed immediately with concerns of showers, and call lights not being answered timely. Shower schedules have been updated. Nursing schedule has been revised to ensure sufficient staff to meet all resident care needs. Hiring of new staff is ongoing and reassurance given on the resolution of this concern.II. In an effort to identify any other resident with a concern in regards to showers and call lights being answered timely, the facility has initiated daily interviews with residents of the	04/05/2013

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	<p>baths were not getting done. She indicated the shower bed had been broke for some time.</p> <p>During an interview on 3/18/13 at 7:25 p.m., CNA #2 indicated there were not enough staff to help and baths and showers were not being done. She indicated some residents who require a shower bed bath have not had one for over a month because it had been broken.</p> <p>During an interview on 3/18/13 at 7:30 p.m., CNA #3 indicated showers were not getting done as they should. She indicated if a CNA/QMA was pulled to the floor to help during the 1st shift then the showers do not get done.</p> <p>During an interview on 3/18/13 at 7:40 p.m., LPN #4 indicated residents would often have to wait a while for their call light to be answered because of short staffing.</p> <p>During an interview on 3/18/13 at 7:50 p.m., Resident A indicated she had no concerns related to neglect but the facility did not have enough staff available. She indicated the call lights would often stay on for a long time before they are answered. She indicated she is a 3 person assist and</p>		<p>facility as "interviewable". Shower schedules have been updated. Nursing schedule has been revised to ensure sufficient staff to meet all resident care needs. Hiring of staff is ongoing and call light monitoring has been initiated. Administrative staff of the facility is ensuring that any concerns voiced by a resident are appropriately investigated with corrective actions initiated immediately.III. As a means to ensure ongoing compliance, nursing staff have received in-service training in regard to completion of showers per schedule and resident preference, as well as timely response of call lights. The daily interviews of residents will continue x 4 weeks then at least twice weekly thereafter. Additionally, administrative staff shall conduct routine (all shift) call light monitoring during scheduled days of work to ensure timely call light response x 4 weeks then 2 x weekly thereafter. Should non-compliance with showers or call light being answered timely be identified, immediate corrective action will be taken, including re-education and disciplinary action if warranted. IV. As a means of quality assurance, the administrator or designee will review all resident interviews conducted. The results of these interviews, administrative nursing call light monitoring and shower schedules</p>		

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	<p>would often get a bed bath every other day. She preferred showers.</p> <p>During record review on 3/19/13 at 10:00 a.m., Resident A was scheduled to receive a shower on Wednesday and Saturday. Review of the current shower schedule indicated Resident A did not receive a shower, but bed baths through out the month of March, 2013.</p> <p>During an interview on 3/19/13 at 9:20 a.m., QMA #5 indicated 2nd shift was short staffed and when residents wanted to lay down for the evening, it became chaos.</p> <p>During an interview on 3/19/13 at 9:25 a.m., CNA #6 indicated there was not enough staff available and 2nd shift would often have to stay over and help. She indicated the shower bed had been broken and residents who require a shower bed bath had not had a shower for approximately 6 weeks. She indicated pericare was not being done as it should.</p> <p>During an interview on 3/19/13 at 9:40 a.m., Resident C indicated he had no concerns related to neglect but the facility did not have enough staff available. He indicated the call</p>		will be provided to the quality assurance committee on a quarterly basis for review and the actions amended, as appropriate, following review.V. 4-5-13		

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	<p>lights would often stay on for a long time before they were answered. He indicated he was supposed to get a shower on Tuesday and Friday and did not receive a shower last Friday. He preferred being showered.</p> <p>During record review on 3/19/13 at 10:00 a.m., Resident C was scheduled to receive a shower on Tuesday and Friday. Review of the current shower schedule, Resident C received a shower on 3/5/13, 3/9/13 and 3/12/13. Resident C received a bed bath on the other days in March.</p> <p>During an interview on 3/19/13 at 10:05 a.m., RN #7 indicated 2nd and 3rd shift was short staffed. She indicated when 1st shift comes on in the morning, some of the residents had not been observed all night long but didn't indicate why she thought this was the case.</p> <p>During an interview on 3/19/13 at 9:40 a.m., Resident D indicated they would only answer the call lights twice on the night shift. She indicated the shower bed had been broken and she had not been getting her scheduled showers.</p> <p>During record review on 3/19/13 at 10:00 a.m., Resident D was</p>				

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	<p>scheduled to receive a shower on Tuesday and Thursday. Review of the current shower schedule, Resident D received a shower on 3/11/13. Resident D received a bed bath on the other days in March. She preferred showers.</p> <p>During an interview on 3/19/13 at 11:20 p.m., CNA #8 indicated showers were not getting done because of short staffing on 2nd shift.</p> <p>During an interview on 3/19/13 at 12:40 p.m., CNA #9 indicated there were not enough staff and it was worse for 2nd and 3rd shift. She indicated call lights, pericare and baths were not being done as they should be.</p> <p>During review on 3/19/13 at 2:00 p.m., the Quality Assurance Report, which was provided by MDS support staff on 3/19/13 at 12:15 p.m., indicated the following: 17 of 54 residents were totally dependent for toileting and 18 of 54 residents required two persons to transfer.</p> <p>During an interview on 3/19/13 at 1:00 p.m., the AIT (Administrator in training) indicated the old shower bed was broken and they were having a difficult time replacing old parts. She</p>				

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	<p>indicated a new shower bed was now in the facility.</p> <p>On 3/18/13 at 9:15 p.m., the DoN provided a tour of the shower facilities located on Hall B and Hall D. The shower room on Hall B contained a new shower bed. The shower room on Hall D contained 2 shower chairs.</p> <p>This Federal tag relates to Complaint #IN00124252</p> <p>3.1-17(a)</p>						