

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155359	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/30/2015
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NAME OF PROVIDER OR SUPPLIER RIVERBEND HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7519 WINCHESTER RD FORT WAYNE, IN 46819
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00177862, IN00178354, and IN00178440.</p> <p>Complaint IN00177862 Substantiated. Federal/ State deficiencies related to the allegations are cited at F315, F353, and F 514.</p> <p>Complaint IN00178354 Substantiated. Federal/ State deficiencies related to the allegations are cited at F157, F246, F 282, F309, F315, F353, and F 514.</p> <p>Complaint IN00178440 Substantiated. Federal/State deficiencies related to the allegations are cited at F315, F353, and F 514.</p> <p>Survey dates: July 28, and 30, 2015</p> <p>Facility number: 000250 Provider number: 155359 AIM number: 100289980</p> <p>Census bed type: SNF/NF: 36 Total: 36</p> <p>Census payor type:</p>	F 0000		
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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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F 0157 SS=D Bldg. 00	<p>Medicare: 4 Medicaid: 22 Other: 10 Total: 36</p> <p>Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal</p>			

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	<p>representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to ensure the physician was notified of a change in condition for 1 of 3 residents reviewed with a change in condition in a sample of 6. (Resident #N)</p> <p>Findings include:</p> <p>Resident #N's record was reviewed 7-30-2015 at 9:37 AM. Resident #N's diagnoses included, but were not limited to: renal failure, respiratory failure and aspiration.</p> <p>A review of Nurse's notes dated 7-24-2015 at 2:00 PM indicated Resident #N had clear mucous when suctioned.</p> <p>A review of Nurse's notes dated 7-25-2015 at 11:20 PM, indicated Resident #N had yellow mucous when suctioned. There was no indication the physician was notified of this change.</p>	F 0157	<p>1. Riverbend Health Care Center informs the resident, consults with the resident's physician and notifies the resident's legal representative of significant changes in the resident's physical, mental or psychosocial status. Resident N's physician was notified of a change in condition on July 27, 2015. 2. All residents had the potential of being affected. Whole house audit completed with no other residents identified as being affected. 3. All nursing staff education on changes in conditions and physician notifications to be completed by 8.21.2015. DON/Designee to audit 5 charts 5 times weekly for 1 month, then 5 charts weekly for 2 months then 5 charts every other week for 3 months. 4. Audit results to be submitted to QAPI monthly for 6 months for review and revisions if necessary to ensure improvements and compliance with standard.</p>	08/28/2015

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F 0246 SS=D	<p>A review of Nurse's notes dated 7-27-2015 at 3:00 PM indicated Resident #N had blood tinged mucous when suctioned. There was no indication the physician was notified of this change.</p> <p>In an interview on 7-30-2015 at 11:02 AM, RN #1 indicated the physician had been notified of the change in Resident #N's blood tinged mucous on the 27th, but the conversation had not been documented.</p> <p>A current policy dated 11-30-2014 titled Change in Resident Condition provided by the Administrator on 7-30-2015 at 11:46 AM, indicated "Notification of the physician...shall occur during the shift in which it (the change of condition) occurs.</p> <p>This Federal tag relates to Complaint IN00178354.</p> <p>3.1-5(a)(2)</p> <p>483.15(e)(1) REASONABLE ACCOMMODATION OF</p>			

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Bldg. 00	<p>NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>Based on observation, and interview, the facility failed to ensure a call light was provided appropriate to resident needs for 1 of 6 residents reviewed for call light placement in a sample of 6. (Resident #N)</p> <p>Findings include:</p> <p>Resident #N's record was reviewed 7-30-2015 at 9:37 AM. Resident #N's diagnoses included, but were not limited to: renal failure, respiratory failure and aspiration.</p> <p>During initial observations of the facility on 7-28-2015, at 8:52 AM, Resident #N was observed in bed positioned on the left side. The call light was on the bedrail on the right side of the bed. The call light was the button kind that needed pressed.</p> <p>Resident #N was unable to use the button type call light due to physical disabilities.</p> <p>In an interview on 7-30-2015 at 11:02 AM, RN #1 indicated a pressure type call</p>	F 0246	<p>1. Riverbend Health Care provides services in the facility with reasonable accommodations of individual needs and preferences. Resident N has a diagnosis of Severe Anoxic Injury and is unable to move bilateral upper and lower extremities and his head or respond to any simple or one step commands. Resident N is not appropriate for any specific call light, standard or specialized. 2. 6 other residents had the potential of being affected based on a whole house audit, 0 residents were affected.3. All nursing staff to be educated on call light accommodations by August 21, 2015. SS/Designee will perform call light audit on identified residents with physical limitations of using call light system alternating all 3 shifts 3 times weekly for 1 month, then 1 time weekly for 2 months, then 1 time monthly for 3 months.4. Audit results to be submitted to QAPI monthly for 6 months for review and revisions if necessary to ensure improvements and compliance with standard.</p>	08/28/2015

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F 0282 SS=D Bldg. 00	<p>light had not been attempted with Resident #N because he did not move anyway.</p> <p>This Federal Tag is related to Complaint #IN00178354.</p> <p>3.1-3(v)(1)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to ensure physician's orders were followed for tube feedings for 1 of 1 residents reviewed with tube feedings in a sample of 6. (Resident #N)</p> <p>Findings include:</p> <p>Resident #N's record was reviewed 7-30-2015 at 9:37 AM. Resident #N's diagnoses included, but were not limited to: renal failure, respiratory failure and aspiration.</p>	F 0282	<p>1. Riverbend Health Care ensures physician orders are followed for tube feedings. Resident N's physician's order for tube feeding was clarified on 7.24.2015.2. 2 other residents had the potential of being affected. Whole house audit completed with no other residents identified as being affected.3. All nursing staff education on tube feeding orders to be completed on August 21, 2015. DON/Designee to audit tube feed orders 5 times weekly for 6 months.4. Audit results to be submitted to QAPI monthly for 6 months for review and revisions if necessary to ensure</p>	08/28/2015			

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	<p>A review of Resident #N's physician's orders dated 7-7-2015 indicated to hold Jevity (A nutritional supplement) 1.2 calorie at 65 cc per hour, and give Jevity 1.2 calorie 1 can, 7 times daily as a bolus feeding.</p> <p>A review of Resident #N's July MAR (Medication Administration Record) indicated Resident #N received Jevity 1.2 calorie, 1 can, 7 times per day, on 7-7, 7-8, and 7-9-2015 until 10 AM. The MAR then indicated the order for the Jevity had changed, and Jevity, 1.2 calorie had been started on 7-9-2015 at 10 AM at a continuous administration rate of 65 cc per hour.</p> <p>A review of Resident #N's physician orders indicated there was no order given to change the Jevity from a Bolus feeding to a continuous feeding until 7-24-2015.</p> <p>In an interview on 7-30-2015 at 11:05 AM, LPN #2 indicated the original order for the continuous feeding had been changed because the facility did not have a pump for the feeding in house. She additionally indicated the order should have been changed back to continuous when the pump arrived and before the nurse initiated the continuous feeding.</p> <p>This Federal tag is related to Complaint</p>		improvements and compliance with standard.	

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F 0309 SS=D Bldg. 00	<p>IN00178354.</p> <p>3.1-35(g)(2)</p> <p>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.</p> <p>Based on interview and record review, the facility failed to assess 1 of 3 residents reviewed for assessment with a change of condition in a sample of 6. This resulted in the resident having to be admitted to the hospital. (Resident #N)</p> <p>Findings include:</p> <p>Resident #N's record was reviewed 7-30-2015 at 9:37 AM. Resident #N's diagnoses included, but were not limited to: renal failure, respiratory failure and aspiration.</p> <p>A review of Nurse's notes dated 7-24-2015 at 2:00 PM indicated Resident #N had clear mucous when suctioned.</p>	F 0309	<p>1. Riverbend Health Care provides the necessary care and services to attain the highest practicable physical, mental and psychosocial well being for each resident. Resident N's physician was notified of a change in condition on July 27, 2015. 2. All residents had the potential of being affected. Whole house audit completed with no other residents identified as being affected. 3. All nursing staff education on changes in conditions and physician notifications to be completed by 8.21.2015. DON/Designee to audit 5 charts 5 times weekly for 1 month, then 5 charts weekly for 2 months then 5 charts every other week for 3 months. 4. Audit results to be submitted to QAPI monthly for 6 months for review and revisions if necessary</p>	08/28/2015

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	<p>A review of Nurse's notes dated 7-25-2015 at 11:20 PM, indicated Resident #N had yellow mucous when suctioned. There was no indication Resident #N had been further assessed for temperature change, or a change in breath sounds.</p> <p>A review of Nurse's notes dated 7-27-2015 at 3:00 PM indicated Resident #N had blood tinged mucous when suctioned. There was no indication Resident #N had been further assessed for temperature change, or a change in breath sounds.</p> <p>There were no Nurse's notes between 7-25-2015 at 11:20 PM, and 7-27-2015 at 3:00 PM.</p> <p>A review of Nurse's notes dated 7-28-2015 at 4:28 PM indicated Resident #N was being sent to the hospital for continued blood tinged mucous.</p> <p>A review of hospital Admission Notes for Resident #N indicated Resident #N was admitted with blood tinged mucous, and lung infiltrates.</p> <p>In an interview on 7-30-2015 at 11:05 AM, LPN #2 indicated if Resident #N had been assessed for blood tinged mucous, it would have been documented.</p>		to ensure improvements and compliance with standard.	

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F 0315 SS=D Bldg. 00	<p>A current policy dated 11-30-2014 titled Change in Resident Condition provided by the Administrator on 7-30-2015 at 11:46 AM, indicated "The Clinical Nurse will gather all subjective and objective assessment information. the nurse is responsible to complete an assessment of the resident's condition...."</p> <p>This Federal tag relates to Complaint IN00178354.</p> <p>3.1-37(a)</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, interview, and</p>	F 0315	1. Riverbend Health Care ensures that a resident who enters the facility receives appropriate treatment and	08/28/2015

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	<p>record review, the facility failed to toilet 2 of 3 residents reviewed according to care plans in a sample of 6. (Resident #O and Resident #S)</p> <p>Findings include:</p> <p>1. Resident #O's record was reviewed 7-30-2015 at 10:39 AM. Resident #O's diagnoses included, but were not limited to, high blood pressure, dementia, and osteomyelitis.</p> <p>During an observation on 7-30-2015 at 6:45 AM, Resident #O was observed to have a wet underpad that was dripping.</p> <p>In an interview on 7-30-2015 at 6:48 AM, CNA #4 indicated it was her first night, she was the only CNA in the building, and although the nurses were helpful, because she didn't know the residents, she was unsure if she got everyone changed like they should have been.</p> <p>In an interview on 7-30-2015 at 9:58 AM, CNA #5 indicated CNA #4 had worked the night shift, but it was her first night working and she had no orientation.</p> <p>A review of Resident #O's clinical record indicated she had no specific care plan for incontinence management, no specific</p>		<p>services to restore as much normal bladder function as possible. Resident O is incontinent with no restoration of bladder function requiring nursing staff to change after incontinent episodes. Resident O's care plan was updated and revised. Resident S continues on a toileting program and care plan reviewed.</p> <p>2.All other residents had the potential of being affected. Whole house audit completed with no other residents identified as being affected.</p> <p>3.All nursing staff to be educated on toileting programs and care plans by August 21, 2015. DON/Designee to audit new admission bladder assessments 5 times weekly for 6 months for potential bladder retraining program and 5 toileting care plans will be reviewed weekly for 3 months then 5 care plans will be reviewed every 2 weeks for 3 months.</p> <p>4.Audit results will be submitted to QAPI monthly for review and revisions if necessary to ensure improvements and compliance with standard.</p>				

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	<p>toileting schedule, and no directive to check and change the resident. A care plan for skin breakdown did give the directive to provide peri care after each incontinent episode.</p> <p>A review of Resident #O's MDS (Minimum Data Set) quarterly assessment dated 6-24-2015 indicated Resident #O was always incontinent.</p> <p>2. Resident #S's record was reviewed 7-30-2015 at 3:10 PM. Resident #S's diagnoses included, but were not limited to, diabetes, high blood pressure, and obesity.</p> <p>During an observation on 7-30-2015 at 6:49 AM, Resident #S was observed to have a wet underpad and a brief that was overflowing with urine.</p> <p>In an interview on 7-30-2015 at 6:49 AM, LPN #6 indicated Resident #S had been checked and changed only one time through the night because he was so big, and the CNA had to go find help.</p> <p>A review of Resident #S care plan indicated to toilet Resident #S upon rising, before and after meals, at bedtime, and as needed.</p> <p>This Federal tag is related to Complaints</p>			

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F 0353 SS=E Bldg. 00	<p>IN00177862, IN00178354, and IN00178440.</p> <p>3.1-41(a)(2)</p> <p>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.</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 observation, interview, and record review, the facility failed to ensure adequate staff were available to provide care for 4 of 6 residents reviewed for</p>	F 0353	1.Riverbend Health Care provides nursing services to attain/maintain the highest practicable physical, mental and psychosocial well-being of each resident. Resident N's physician had been notified of changes on	08/28/2015	

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	<p>adequate care. (Resident #N, Resident #O, Resident #P and Resident #S)</p> <p>Findings include:</p> <p>1. Resident #N's record was reviewed 7-30-2015 at 9:37 AM. Resident #N's diagnoses included, but were not limited to: renal failure, respiratory failure and aspiration.</p> <p>A review of Nurse's notes dated 7-24-2015 at 2:00 PM indicated Resident #N had clear mucous when suctioned.</p> <p>A review of Nurse's notes dated 7-25-2015 at 11:20 PM, indicated Resident #N had yellow mucous when suctioned. There was no indication Resident #N had been further assessed for temperature change, or a change in breath sounds.</p> <p>A review of Nurse's notes dated 7-27-2015 at 3:00 PM indicated Resident #N had blood tinged mucous when suctioned. There was no indication Resident #N had been further assessed for temperature change, or a change in breath sounds.</p> <p>There were no Nurse's notes between 7-25-2015 at 11:20 PM, and 7-27-2015 at 3:00 PM.</p>		<p>7.27.2015. Resident O is incontinent and is changed after incontinent episodes. Resident O's care plan for incontinence management has been revised. Resident S continues on a toileting program and care plan has been reviewed. Resident P and Resident N did have skin assessments completed, no new or worsening skin conditions identified. Facility is utilizing outside agencies for additional nursing coverage and facility continues to recruit, hire and orient new staff.</p> <p>2. All other residents had the potential of being affected. Whole house skin and toileting audit completed with no other residents identified as being affected.</p> <p>3. All nursing staff to be educated on documentation of weekly skin assessments and toileting plans by August 21, 2015. DON/Designee to audit skin assessments 5 times weekly for 1 month then 3 times weekly for 5 months. DON/Designee to audit toileting programs on identified residents 5 times weekly for 1 month then weekly for 5 months; 5 toileting care plans will be reviewed weekly for 3 months then 5 care plans will be reviewed every 2 weeks for 3 months. 4. Audit results will be submitted to QAPI monthly for review and revisions if necessary to ensure improvements and compliance with standard.</p>		

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	<p>A review of Nurse's notes dated 7-28-2015 at 4:28 PM indicated Resident #N was being sent to the hospital for continued blood tinged mucous.</p> <p>A review of hospital Admission Notes for Resident #N indicated Resident #N was admitted with blood tinged mucous, and lung infiltrates.</p> <p>In an interview on 7-30-2015 at 11:05 AM, LPN #2 indicated if Resident #N had been assessed for blood tinged mucous, it would have been documented, but because there was not enough staff, things were not assessed like they should be.</p> <p>2. Resident #O's record was reviewed 7-30-2015 at 10:39 AM. Resident #O's diagnoses included, but were not limited to, high blood pressure, dementia, and osteomyelitis.</p> <p>During an observation on 7-30-2015 at 6:45 AM, Resident #O was observed to have a wet underpad that was dripping.</p> <p>In an interview on 7-30-2015 at 6:48 AM, CNA #4 indicated it was her first night, she was the only CNA in the building, and although the nurses were helpful, because she didn't know the</p>			

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	<p>residents, she was unsure if she got everyone changed like they should have been.</p> <p>In an interview on 7-30-2015 at 9:58 AM, CNA #5 indicated CNA #4 had worked the night shift, but it was her first night working and she had no orientation.</p> <p>A review of Resident #O's clinical record indicated she had no specific care plan for incontinence management, no specific toileting schedule, nor a directive to check and change. A care plan for skin breakdown did give the directive to provide peri care after each incontinent episode.</p> <p>A review of Resident #O's MDS (Minimum Data Set) quarterly record dated 6-24-2015 indicated Resident #O was always incontinent.</p> <p>3. Resident #S's record was reviewed 7-30-2015 at 3:10 PM. Resident #S's diagnoses included, but were not limited to, diabetes, high blood pressure, and obesity.</p> <p>During an observation on 7-30-2015 at 6:49 AM, Resident #S was observed to have a wet underpad and a brief that was overflowing.</p>			

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	<p>In an interview on 7-30-2015 at 6:49 AM, LPN #6 indicated Resident #S had been checked and changed only one time through the night because he was so big, and the CNA had to go find help.</p> <p>A review of Resident #S care plan indicated to toilet Resident #S upon rising, before and after meals, at bedtime, and as needed.</p> <p>4. A review of Resident #N's Weekly Skin Integrity Review sheet indicated the review had been completed on 7-11, and 7-14-2015. There was no further documentation on the form to indicate any skin assessments had been completed since 7-14-2015.</p> <p>In an interview on 7-30-2015 at 11:05 AM, LPN #2 indicated she had completed a skin assessment prior to Resident #N being sent to the hospital, but was unable to document it because she was sometimes the only nurse in the building.</p> <p>5. Resident #P's record was reviewed 7-30-2015 at 11:08 AM. Resident #P's diagnoses included but were not limited to, depression, obesity, and high blood pressure.</p> <p>A review of Resident #P's Weekly Skin</p>			

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	<p>Integrity Review sheet indicated the review had been completed on 7-3, and 7-23-2015. There was no further documentation on the form to indicate any skin assessments had been completed on 7-10, or 7-17-2015.</p> <p>In an interview on 7-30-2015 at 2:10 PM, RN #3 indicated the skin assessments had been completed, but due to low staffing, she was unable to document her findings.</p> <p>6. A review of staff coverage as worked provided by the Director of Nursing on 7-28-2015 at 11:32 AM, indicated the following for an average Daily Census of 36: 17 of 84 shifts were staffed with 2 nurses only. No CNAs were documented to have been in the building. 7-4, evening and night shift 7-5, day, evening and night shift 7-6 night shift 7-10 night shift 7-15 night shift 7-18 night shift 7-19 night shift 7-24 night shift 7-25 day and evening shift 7-26 evening and night shift 7-27 evening shift. Additionally, on 7-16, night shift had been staffed with one nurse and no other personnel in the building.</p>				

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	<p>This was 20% of available shifts without CNA coverage. The schedules did not indicate a licensed nurse had worked to cover the shortage.</p> <p>In an interview on 7-28-2015 at 10:54 AM, RN #7 indicated; "We are not able to take care of our residents. We do not have the staff. Many of us are working 16 hour days consistently and have no break. We have asked for agency to help us so we can get a rest, but we don't get it. We have called Corporate, but there is no response."</p> <p>In an interview on 7-28-2015 at 11:10 AM, the Administrator indicated the facility had hired several new staff that would be starting soon, and the facility would continue to hire staff as long as they needed them.</p> <p>This Federal tag relates to Complaints IN00177862, IN00178354, and IN00178440.</p> <p>3.1-17(a)</p>			

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F 0514 SS=D Bldg. 00	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to completely document physician notification for 1 of 3 residents, and skin assessment results for 2 of 3 residents reviewed for complete medical record documentation in a sample of 6. (Resident #N and Resident #P)</p> <p>Findings include:</p> <p>1. Resident #N's record was reviewed 7-30-2015 at 9:37 AM. Resident #N's diagnoses included, but were not limited to: renal failure, respiratory failure and aspiration.</p> <p>A review of Nurse's notes dated 7-24-2015 at 2:00 PM indicated Resident #N had clear mucous when suctioned.</p>	F 0514	<p>1. Resident N's physician was notified of a change in condition on July 27, 2015. Resident P and Resident N did have skin assessments completed, no new or worsening skin conditions identified.</p> <p>2. All other residents had the potential of being affected. Whole house skin and Dr notification audit completed with no other residents identified as being affected. 3. All nursing staff education on weekly skin assessments and physician notifications to be completed by 8.21.2015. DON/Designee to audit skin assessments 5 times weekly for 1 month then 3 times weekly for 5 months. DON/Designee to audit Dr orders 5 charts 5 times weekly for 1 month, then 5 charts weekly for 2 months then 5 charts every other week for 3 months. 4. Audit</p>	08/28/2015

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	<p>A review of Nurse's notes dated 7-25-2015 at 11:20 PM, indicated Resident #N had yellow mucous when suctioned. There was no indication the physician was notified of this change.</p> <p>A review of Nurse's notes dated 7-27-2015 at 3:00 PM indicated Resident #N had blood tinged mucous when suctioned. There was no indication the physician was notified of this change.</p> <p>In an interview on 7-30-2015 at 11:02 AM, RN #1 indicated the physician had been notified of the change in Resident #N's blood tinged mucous on the 27th, but the conversation had not been documented. She further indicated the nurse completing the physician notification should have documented it.</p> <p>A current policy dated 11-30-2014 titled Change in Resident Condition provided by the Administrator on 7-30-2015 at 11:46 AM indicated "Any contact to the attending physician regarding the resident's condition will be made by the nurse. Document in the Medical Record."</p> <p>2. A review of Resident #N's Weekly Skin Integrity Review sheet indicated the review had been completed on 7-11, and 7-14-2015. There was no further</p>		<p>results to be submitted to QAPI monthly for 6 months for review and revisions if necessary to ensure improvements and compliance with standard.</p>	

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	<p>documentation on the form to indicate any skin assessments had been completed since 7-14-2015.</p> <p>In an interview on 7-30-2015 at 11:05 Am, LPN #2 indicated she had completed a skin assessment prior to Resident #N being sent to the hospital, but was unable to document it due to the excessive workload.</p> <p>A current policy dated 11-30-2014 titled Skin Evaluation - weekly provided by the Administrator on 7-30-2015 at 11:46 AM indicated "A Licensed Nurse will complete a total body evaluation on each resident weekly and document the observation..."</p> <p>3. Resident #P's record was reviewed 7-30-2015 at 11:08 AM. Resident #P's diagnoses included but were not limited to, depression, obesity, and high blood pressure.</p> <p>A review of Resident #P's Weekly Skin Integrity Review sheet indicated the review had been completed on 7-3, and 7-23-2015. There was no further documentation on the form to indicate any skin checks had been completed 7-10, or 7-17-2015.</p> <p>In an interview on 7-30-2015 at 2:10 PM,</p>			

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	<p>RN #3 indicated the skin assessments had been completed, but due to low staffing, she was unable to document her findings.</p> <p>This Federal tag is related to IN00178354</p> <p>3.1-50(a)(1)</p>			