

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/02/2016
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NAME OF PROVIDER OR SUPPLIER OASIS DEMENTIA CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 WASHINGTON AVE EVANSVILLE, IN 47714
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey</p> <p>Survey dates: April 28 & May 2, 2016</p> <p>Facility number: 013613 Provider number: 013613 AIM number: N/A</p> <p>Census bed type: Residential: 15 Total: 15</p> <p>Census payor type: Other: 15 Total: 15</p> <p>Residential Census: 15</p> <p>Sample: 7</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by #02748 on May 3, 2016.</p>	R 0000		

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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R 0002 Bldg. 00	<p>410 IAC 16.2-5-0.5(b) Scope of Residential Care - Offense (b) A residential care facility may not provide comprehensive nursing care except to the extent allowed under this rule.</p> <p>Based on record review and interview, the facility failed to thoroughly assess a resident prior to admission, the facility then provided full comprehensive nursing care to 1 of 7 residents reviewed for level of care in the facility. (Resident #17)</p> <p>Findings include:</p> <p>The closed record for Resident #17 was reviewed on 4/28/16 at 3:08 p.m. Resident #17 was admitted on 9/18/16 to the facility from a long term care facility. Resident #17 had diagnoses including, but not limited to, history of falls, dementia with behavioral disturbances, and bipolar disorder with psychotic features.</p> <p>A physician's visit note for Resident #17 was attached to the "Medical Evaluation" form. The note indicated on 9/18/16 at 12:43 p.m., Resident #17 had a history of advanced dementia of, probably Alzheimer's type, and other medical problems. The note indicated Resident #17 was incontinent of urine and bowel. The note indicated Resident #17 was not able to recognize his family members and</p>	R 0002	<p>An evaluation of the individual needs of each resident shall be initiated prior admission, completed on admission and updated least semiannually, or upon a known substantial change in the resident condition. The evaluation shall be completed more often per the resident's or community's request Oasis will admit those resident's whose needs can be met within the scope of residential services provided and discharge resident's when those needs can no longer be met All admission assessments shall be reviewed by the administrator and clinical nurse leader prior to acceptance to Oasis</p> <p>5/24/2016 100% of resident charts were reviewed to ensure that residents fall within the assisted living scope of practice regulations. Medical history will be obtained on all potential residents prior to initial screen. Leadership/care team will meet to review medical history on potential resident for determination of resident meeting regulations as determined by the Indiana Department of Public Health. On admission a tailored service plan will be developed to the resident's individual needs. Any change of condition will be taken to</p>	05/14/2016			

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	<p>had become more dependent. The note indicated the resident had fallen multiple times. The note indicated the resident was still a high risk for falls. The note indicated the resident was very confused.</p> <p>A Progress Note, dated 9/19/15 at 12:00 p.m., indicated the resident fell from a standing position.</p> <p>A Progress Note, dated 9/19/15 at 9:00 p.m., indicated the resident required 1:1 nursing staff, had an unsteady gait, was hard to redirect, had difficulty following verbal cues, wandered into peers rooms, and the staff had difficulty finding activities for the resident.</p> <p>A Progress Note, dated 9/20/15 at 7:00 a.m., indicated the resident was found on the floor. The note indicated the resident was "picked up" off the floor by staff. The note indicated the resident received an abrasion to his right shoulder and right knee.</p> <p>A Progress Note, dated 9/20/15 at 8:30 a.m., indicated the resident had been fed his breakfast.</p> <p>On 9/20/15 at 1:30 p.m., the resident sat outside with a CNA providing 1:1 care and holding his arm and hand.</p>		<p>the care teammeeting for review. The change will be discussed, if deemed that the change isnot short term causing the need for discharge the appropriate action will betaken to ensure the resident receives appropriate care. Clinical Nurse Leaderwill review the 24 hour report for any changes. The C.N.L. will bring allchanges to the daily care team meeting for review. This will accomplished ongoing.</p>				

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	<p>On 9/21/15 at 6:20 a.m., the resident was incontinent and his brief was changed once during the night shift by the facility staff.</p> <p>On 9/21/15 at 6:00 p.m., the note indicated the resident began swatting at the CNA, lost his balance and fell to the floor. The note further indicated the staff would sit with and assist the resident with his meals.</p> <p>A Progress Noted, dated 9/21/15 at 10:40 p.m., indicated the resident was found lying on his left side in his bedroom. The resident had a bruise to his left hip.</p> <p>On 9/22/15 at 8:30 p.m., the resident attempted to ambulate and after taking 2 (two) steps, the resident fell to the floor.</p> <p>On 9/23/15 at 2:00 p.m., a progress note indicated Resident #17 had been evaluated by physical therapy. Physical therapy indicated the resident was unable to follow cues and was not a candidate for physical therapy.</p> <p>On 9/24/15 at 2:30 p.m., a physician's order was obtained for hospice.</p> <p>On 9/26/15 at 11:00 p.m., the resident was found lying in his bedroom floor on his left side. The resident obtained a</p>						

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	<p>bruise and skin tear to his left elbow.</p> <p>On 9/29/15 (no time), hospice care was started.</p> <p>On 10/1/15 at 8:00 a.m., home health care was started.</p> <p>During an interview with the Administrator (Adm) on 5/2/16 at 11:05 a.m., the Adm indicated the facility used the "Nursing Evaluation" form for their preadmission assessment. The Adm indicated the physician's visit note was used as the preadmission evaluation for the resident when he was admitted. The Adm indicated the facility no longer uses this form.</p> <p>During an interview with the Adm on 5/2/16 at 3:06 p.m., the Adm indicated she visited and evaluated the resident prior to the admission. She indicated the inpatient behavioral unit where the resident had been, misinformed her about the resident and his care.</p> <p>A policy titled, "Admission, Readmission, Discharge Criteria", undated and obtained from the Adm on 5/2/16 at 2:52 p.m., indicated the facility would admit those residents whose needs can be met within the scope of residential services provided and discharge residents</p>			

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R 0121 Bldg. 00	<p>when those needs could no longer be me.</p> <p>410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete</p>						

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	<p>a diagnosis.</p> <p>(3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings.</p> <p>(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.</p> <p>Based on interview and record review, the facility failed to ensure a health screen was completed and signed prior to resident contact for 2 of 10 employee files reviewed. (CNA #1, CNA #2)</p> <p>Findings include:</p> <p>On 5/2/16 at 11:00 a.m., the employee files were reviewed. CNA #1 and CNA #2's employee files lacked a signed health screen prior to employment.</p> <p>On 5/2/16 at 2:16 p.m., the RCA (Resident Care Administrator) indicated she was unable to locate a signed health screen for CNA #1 and CNA #2.</p> <p>On 5/2/16 at 2:30 p.m., the RCA provided the "Pre-Employment Screening and Hiring Process" policy, dated 01/2013. The policy included, but was not limited to: The new employee will be required to complete a physical examination. The results of tuberculosis screening will be entered on the physical</p>	R 0121	<p>See revised Pre-Employment Screening & Hiring Process Employee Health Screening -The new employee will be required to complete a physical examination. The results of the Tuberculosis screening will be entered on the physical exam form. All new employee Health Screening Forms will be sent to the Clinical Nurse Leader for completeness and signature. After review by the Clinical Nurse Leader the form will be forwarded to the H.R. Manager for placement in the employee personnel file.</p> <p>5/24/2016 All 29 employees pre-employee Health Screen Form were reviewed for accuracy. 27 out of 29 screens, as indicated per deficiency, were complete and signed. All health screens will be sent to the Clinical Nurse Leader for monitoring of accuracy and signature. The C.N.L. will forward the screen to the administrator for monitoring of completeness. Once ensured for accuracy and timeliness H.R. will place in the employee personnel file. Any</p>	05/14/2016			

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R 0273 Bldg. 00	<p>examination form when available, which will then be forwarded to the Medical Director for review and signature. The completed physical examination form will be maintained in the employee's personnel record.</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to provide a clean kitchen. The kitchen floor had dirt build up around the base of the walls, beside the stove, the dry storage area, the threshold to the entrance to the kitchen, behind the coffee maker, and the floor by the water fountain outside the kitchen. The dry storage area had dirt build up on the wooden ledges on the middle and the bottom of the wall. This had the potential to affect 15 residents who reside in the facility.</p> <p>Findings include:</p> <p>1. On 4/28/16 at 10:00 a.m., during the initial tour of the kitchen, the floor was observed to have dirt build up around the</p>	R 0273	<p>employee who has not completed theHealth Screen by the 21st day of employment will be removed from theschedule, not allowed to work, until the screen is completed. This practicewill be ongoing for all new employees.</p> <p>See attached cleaning schedules. Kitchen floors and serving area by waterfountain will be monitored by dietary manager for dirt build up weekly. Will bemonitored by housekeeping/maintenance supervisor every 2 weeks with newimplemented floor cleaning and buffing schedule. Floors will be mopped dailyper daily cleaning schedule. Dry pantry will be cleaned every Thursday perweekly cleaning schedule. Daily and weekly cleaning schedules will be monitoredweekly by dietary manager on an ongoing bases</p>	05/14/2016

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	<p>base of the walls, beside the stove, the dry storage area, the threshold to the entrance to the kitchen, behind the coffee maker, and the floor by the water fountain outside the kitchen. The same was observed on 5/2/16 at 9:00 a.m.</p> <p>2. On 5//2/16 at 2:55 p.m., the Dietary Manager indicated that the kitchen floor is mopped daily.</p> <p>3. On 5/2/16 at 3:05 p.m., the Dietary Manager provided a daily cleaning schedule that indicated the kitchen area would be swept and mopped daily. A weekly cleaning schedule was also provided that indicated the dry storage area would be cleaned and straightened on Thursday.</p>			