STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155478	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 02/26/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERS OF JASPER THE	2909 HOWARD DR JASPER, IN 47546

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F000000	This visit was for the Investigation of Complaint IN00143915. Complaint IN00143915 - Substantiated, Federal/State deficiencies related to the allegations are cited at F353. Survey dates: February 25 and 26, 2013 Facility number: 000314 Provider number: 155478 AIM number: 100274210 Survey team: Anne Marie Crays RN Census bed type: SNF/NF: 79 Total: 79 Census payor type: Medicare: 9 Medicaid: 51 Other: 19 Total: 79 Sample: 12 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.	F000000		

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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	Quality review completed on February 27, 2014, by Jodi Meyer, RN			
F000353 SS=E	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 on each tour of duty. Based on observation, interview, and record review, the facility failed to ensure staffing was adequate, in	F000353	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of	03/14/2014

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	that residents complained of call lights not being answered timely, showers not being given, bed sheets not being changed, and water not always being passed daily, and staff indicated showers and toileting are not always done, for 3 of 4 units in the facility, 5 of 5 residents interviewed, and 1 of 3 residents sampled on the Alzheimer's Unit (500 unit), in a sample of 12. Residents B, F, I, J, K, L Findings include: 1. On 2/25/14 at 10:15 A.M., the Administrator provided a list of residents, indicating which residents were considered interviewable. Residents B, I, J, K, and L were considered interviewable. The list indicated 21 residents resided on the 300 Unit, 28 residents on the 400 Unit, and 22 residents on the 500 Unit which is the locked Alzheimer's Unit. On 2/25/14 at 10:15 A.M., the Administrator provided Resident Council minutes, dated 2/21/14. The minutes indicated 12 residents attended, and included: "1. Call lights need to be answered more timely on all shifts. 2. Showers need to be given as scheduled."		deficiencies, or of any violation of regulation. This provider respectfully request the 2567L Plan of correction be considered the Letter of Credible Allegation of compliance. 1. The facility has sufficient nursing staff to maintain the highest potential physical, mental and psychosocial well being of each resident. The nursing schedule was revised to ensure resident B, F, I, J, K and L receive care and services to meet their needs. Resident call lights are answered timely, showers are given per resident preference and schedule, beds are changed at least twice a week and more often if needed, water is passed on all 3 shifts, residents are toileted every two hours. 2. All residents have the potential to be affected. The nursing schedule was revised to ensure residents receive care and services necessary to meet their needs. The revision includes floaters CNAs and nurses to increase supervision on the Long Term Care halls and the Cottage. 3. The DNS/Designee will review staffing daily to ensure adequate staff are scheduled. The nursing schedule template has been reviewed to ensure consistent staffing. Nursing administration will conduct rounds each shift to ensure ice pass is done each shift, linens are changed on each resident's shower days and showers are done. Call lights audits will be	

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	On 2/25/14 at 11:30 A.M., the Ombudsman was interviewed. The Ombudsman indicated she was at the facility on 2/13/14, and received several complaints from several residents regarding showers not being given, call lights not being answered timely, and bed sheets not being changed. On 2/26/14 at 9:25 A.M., the MDS coordinator provided "Resident Profile" CNA assignment sheets. The assignment sheets indicated: On the 300 Unit, out of 21 residents, 17 were on a toileting program and/or were incontinent of bowels and bladder; 6 residents required 1-2 assist with transfers; and 10 residents required 2 assist and/or hoyer mechanical lifts with transfers. On the 400 Unit, out of 28 residents, 19 were incontinent and/or on a toileting program; 7 residents required 1-2 assist with transfers; and 8 residents required 2 assist and/or a hoyer lift for transfers. On the 500 locked Alzheimer's Unit, out of 22 residents, 18 residents are incontinent and/or on a toileting program; 7 residents require 1-2 assist with transfers; and 16 residents are on a behavior management program.		conducted to ensure timely response and residents are taken to the toilet every two hours or more often if necessary. All staff educated on increased supervision on the floor, personal hygiene including showers and linen changes, as well as the importance of timeliness of ice pass and toileting residents timely. Education will be completed by the Executive Director, DNS, and/or nursing consultant by 3/13/2014. 4. To ensure compliance, the DNS/Designee is responsible for the completion of the accommodations of needs CQI tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. 5. Compliance date is 3/14/2014.	

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	Residents on 300 and 400 units who were interviewed indicated the following: Resident B indicated, "They've been awfully short-staffed. I take a Lasix in the morning, and have to use the toilet. It takes them so long I have to pee on myself sometimes. That's disgusting." Resident B indicated she frequently has to wait 1/2 hour or more for her call light to be answered. Resident B indicated she thought it was worse in the morning and around lunchtime. Resident L indicated, "I think they're short-staffed." Resident L indicated he didn't have to use his call light very much, but his roommate had to wait a long time for his care to be given. Resident L indicated he gave himself his own showers and made his own bed. Resident K indicated, "They seem to be short-staffed. A lot of things don't get done." Resident K indicated, "The CNAs are always quitting." Resident K indicated he gives himself his own showers and makes his own bed. Resident I indicated, "They just			

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	seem short-handed a lot." Resident I indicated, "It seems to be really bad around bedtime. You can't find anyone." Resident I indicated she didn't think she always had fresh ice water. Resident J indicated she rarely uses her call light, and "usually" receives her showers twice weekly. But Resident J indicated she sees other residents who have to wait for call lights to be answered, or who have to sit up a long time without being assisted. Staff from different hallways and different shifts were interviewed, and included the following: CNA # 2 indicated, "Sometimes we can't get the showers done. We do the best we can. We just pass it on to the next shift. We have 2 meals to do, evening shift has 1 meal." CNA # 3 indicated, "Showers aren't getting done, people aren't being turned and toileted." CNA # 3 indicated, "They expect us to do hoyer lifts with just 1 person." CNA # 3 indicated, "No one on 500 gets showers, and they can't say anything."			

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	CNA # 4 indicated, "I can't always get my showers done. It just depends on how the residents are acting. If they are more mellow, it's easier." CNA # 4 indicated it would be helpful to have an extra CNA for just a few hours, during the busiest part of the shift. On 2/26/14 at 10:10 A.M., CNA # 5 was interviewed. CNA # 5 indicated she scheduled staff for the units based on facility census. She indicated the facility was working on a plan to update the schedule to give more specific assignments to staff. She indicated she scheduled 1 nurse and 1 CNA on each shift on the 500 Alzheimer's Unit, plus an activity aide worked that unit from 10:00 A.M.-6:00 P.M. CNA # 5 indicated she tried to schedule 1 nurse and 2 CNAs on each of the 300 and 400 Units on days and evenings, plus a restorative CNA on day shift. CNA # 5 indicated 1 nurse and 2 CNAs work the night shift on the 300-400 Unit, and the nurse from the 100 Unit is to help the 300 Unit nurse also. 2. On 2/25/14 at 9:30 A.M., during the initial tour of the locked Alzheimer's Unit, the Director of Nursing (DON) indicated Resident F			

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	had an open area on his buttocks/coccyx area. Resident F was observed lying in bed at that time. On 2/25/14 at 11:00 A.M., CNA # 1 was observed to be changing Resident F's brief. Resident F was lying abed. His brief was saturated with urine all the way through to his blue jeans, which were also very wet. A urinal filled midway with urine was by his bedside. A small open area was observed on the right upper buttocks, and was surrounded by dry, reddened skin. While changing the resident, a fall prevention alarm was observed to be sounding across the hall. CNA # 1 continued changing Resident F. CNA # 1 did not indicate when she had last checked Resident F. CNA # 1 indicated at that time that she did not usually work that unit. She indicated she tried to be organized in order to get her work done, but that it was hard. She indicated she had to give 4 residents showers that day, and had given 2 of them. The clinical record of Resident F was reviewed on 2/25/14 at 12:00 P.M. Diagnoses included, but were not limited to, dementia.			

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	A Minimum Data Set (MDS) assessment, dated 12/24/13, indicated the resident required extensive assistance of two+ staff for toileting, and was "Frequently incontinent" of bowel and bladder. A Care Plan, dated 10/14/13, indicated: "Problem: Resident requires toileting program. Approach: Toileting program...Toilet upon rising, before or after meals, at bed time, every 2 hours at night, and PRN [as needed]." An additional Care Plan, dated 10/14/13, indicated: "Problem: Resident is frequently incontinent due to: hemiplegia, limited mobility, requires ext [extensive] assist with toileting, use of assistive device, dementia. Approach: Check every 2 hours for incontinence...." The most recent "Pressure Wound Skin Evaluation Report," dated 2/20/14, indicated: "Description, Coccyx, New area, Wound present on admission No, Date area originally noted 02/18/14...0.3 cm [centimeters] x 0.1 cm x <0.01, Describe wound color red...." On 2/26/14 at 12:20 P.M., during interview with the Administrator, she			

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	indicated she had been in Resident F's room on 2/25/14 at approximately 10:30 A.M. assessing his wound, and the resident was incontinent but not soaked through to his jeans. The Administrator indicated the CNA was supposed to change him at that time. The Administrator indicated at that time that she may have to hire agency staff, as there are no applications. She indicated she did have 2 CNAs in orientation at that time. This Federal tag relates to Complaint IN00143915. 3.1-17(a)			

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