

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155354	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/14/2015
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NAME OF PROVIDER OR SUPPLIER  NEWBURGH HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10466 POLLACK AVE NEWBURGH, IN 47630
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: 12/8, 12/9, 12/10, 12/14, 2015.</p> <p>Facility Number : 000245 Provider Number: 155354 AIM Number: 100290800</p> <p>Census bed type: SNF/NF : 103 Total:103</p> <p>Census payor type: Medicare: 5 Medicaid: 68 Other :30 Total : 103</p> <p>These deficiencies reflect State findings cited in accordance with 410 AIC 16.2-3.1.</p> <p>Quality review completed by #02748on December 18, 2015.</p>	F 0000	Preparation and or execution of this Plan of Correction general, or any other corrective action set forth herein, in particular, does not constitute an admission by Newburgh Healthcare of the facts alleged or the conclusions set forth in the Statement of Deficiencies. The Plan of Correction and specific corrective actions are prepared and / or executed soley because of provisions of State and Federal law.	

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 0241 SS=D Bldg. 00	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview and record review, the facility failed to provide care in a dignified manner for 1 of 4 residents observed for care. (Resident # 90)</p> <p>Findings include :</p> <p>On 12/10/15 at 1:36 p.m., resident care was observed for Resident #90. CNA #1 (certified nursing assistant) did not knock before entering the resident's room. CNA#1 and CNA #2 transferred the resident from his wheelchair to his bed with a hoier lift. The staff did not introduce themselves or explain what they were doing before care was given. CNA #1 and CNA #2 took the residents pants and brief off and did not explain what they were doing . The resident tried to grab at his peri area, and made sounds. CNA #2 held his hands, but did not explain what was going on. No cover was applied to the resident's peri area, and the curtain was not pulled. The curtain to the room was open.</p>	F 0241	<p>CORRECTIVE ACTION CNA #1 and CNA #2 received verbal instruction on 12/10/2015 by the Unit Manager. OTHERS HAVING THE POTENTIAL TO BE AFFECTED All residents have the potential to be affected MEASURES / SYSTEMIC CHANGES All nursing staff will be re-educated to the facility policy regarding Resident Dignity and Respect. The inservice will focus on : Knocking on doors before entering. Informing residents of care to be performed. Orientation to the environment. Promoting privacy during care by ensuring the curtains are closed and the resident is not exposed. MONITORING CNA #1 and CNA # 2 will be monitored daily during their schedule for 1 week for the care of at least 2 residents. Unit nurses and Nursing Administration will monitor a CNA from each unit and from each shift for at least one resident for 2 weeks. Nursing Adminstration and the Unit Managers will continue to perform random checks through out their shift. Charge nurses will continue to perform random checks during their shifts. This monitor will</p>	01/13/2016			

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	<p>On 12/14/15 at 9:09 a.m., an interview was completed with CNA # 3. She indicated that before giving resident care the staff should knock before entering a room and introduce themselves to the resident. She indicated that the staff should explain to the resident the care that was to be given, and the curtain should be pulled for privacy.</p> <p>On 12/14/15 at 9:00 a.m., the DON provided a policy titled Quality of Life-Dignity. The following was indicated in the policy:</p> <ol style="list-style-type: none"> <li>1. Residents shall be treated with dignity and respect at all times.</li> <li>2. Staff will knock and request permission before entering residents rooms.</li> <li>3. Staff shall keep the resident informed and oriented to their environment. Procedures shall be explained before they are performed.</li> <li>4. Staff shall promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures.</li> </ol> <p>3.1-3 (t)</p>		<p>continue randomly each shift and unit on an ongoing basis by all nurses and Nursing Administration. A summary of the findings will be included in the next Quality Assurance Performance Committee meeting. Changes to the policy and or procedure will be reviewed on an ongoing basis.</p> <p>COMPLETETION DATE 1/13/2016</p>	

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F 0371 SS=E Bldg. 00	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview and record review, the facility failed to distribute and serve food under sanitary conditions. This affected 8 (eight) of 8 residents who trays were placed into the north hall food cart. The resident's plates and bowls were observed being handled by the edges, when food was being dished up prior to placing it on a tray. (Resident #16, Resident #17, Resident #28, Resident #80, Resident #86, Resident #87, Resident #96, Resident #127)</p> <p>Findings include:  During 1 (one) of 2 (two) meal</p>	F 0371	<p>CORRECTIVE ACTION The Certified Dietary Manager ( CDM ) immediately inservice'd the kitchen staff that were present to the finding. The inservice was completed 12/10/ 2015 at 11:50 am. OTHERS HAVING THE POTENTIAL TO BE AFFECTED All residents have the potential to be affected. MEASURES / SYSTEMIC CHANGES For continuity of improvement of this standard, the CDM will provide ongoing inservices, to all kitchen staff present and new hires in the dietary department on a routine basis and / or per recommendations of weekly Registered Dietitian ( R.D.) and CDM observations. The policy dated 2002, was reviewed and updated by the Administrator,</p>	01/13/2016

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	<p>observations on 12/10/15 at 12:45 p.m., Dietary (Dty) Staff #1 was observed to be placing food onto the plates and Dietary Staff #2 was observed to be placing drinking cups and bowls of fruit onto the trays. Dty #1 and Dty #2 were observed to handle the interior edges of the plates and bowls with their fingers and hands. The trays were placed into a food cart to be delivered to the north hall residents</p> <p>Upon query on 12/10/15 at 12:48 p.m., the Dietary Manager indicated she had observed the kitchen staff handling the plates and bowls by the edges when dishing up the food. The Dietary Manager indicated cups, bowls and plates should be handled by the sides and not the edges. The Dietary Manager indicated she would inservice the kitchen staff immediately.</p> <p>A policy, dated 2002 and obtained from the Dietary Manager on 12/14/15 at 9:19 a.m., indicated clean cups, glasses, and bowls should be handled so that fingers and thumbs do not contact inside the surfaces or lip contact surfaces.</p> <p>3.1-21(i)(3)</p>		<p>Consultant R.D. and CDM. MONITORING The CDM or supervisor will continue to monitor breakfast and lunch tray lines. The dinner cook will monitor evening tray lines. All tray lines will be spot checked by the consultant R.D. The CDM will report any findings at the scheduled Quality Assurance Performance Improvement meetings. COMPLETION DATE 1/13/2016</p>		