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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155543 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>00</u><br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>10/19/2015 |
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| F 0000<br><br>Bldg. 00 | <p>This visit was for the Investigation of Complaint IN00184311.</p> <p>Complaint IN00184311 - Substantiated. Federal/State deficiency related to the allegation is cited at F312.</p> <p>Survey date: October 19, 2015.</p> <p>Facility number: 000346<br/>Provider number: 155543<br/>AIM number: 100288320</p> <p>Census bed type:<br/>SNF/NF: 29<br/>Total: 29</p> <p>Census payor type:<br/>Medicaid: 28<br/>Other: 1<br/>Total: 29</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on October 20, 2015.</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 0312<br>SS=D<br>Bldg. 00                                      | <p>483.25(a)(3)<br/>ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on record review and interview, the facility failed to ensure residents who were dependent on staff for grooming and personal hygiene received those services in regards to a shower and/or full bath twice weekly for 3 of 3 residents reviewed for assistance with activities of daily living in a sample of 3. (Residents B, C and D)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 10/19/15 at 9:42 a.m. Diagnoses for Resident B included, but were not limited to, vascular dementia, Parkinson's disease, hemiplegia, hemiparesis, cerebrovascular disease and anxiety.</p> <p>Resident B had a current, 8/6/15, quarterly Minimum Data Set assessment (MDS), which indicated the resident was severely cognitively impaired and was dependent for</p> | F 0312  | <p><b>1. 1.) What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice:</b> Residents will be offered at least 2 showers per week. Resident preferences will be followed and more frequent bathing will occur as requested. Resident's B, C, and D have been showered and done so timely and according to their preference of shift and day of the week. Nursing staff will be inserviced on the facility policy regarding residents' preferences for showers/bathing. In the event of future issues, such as inappropriate water temperatures that affect the residents' ability to receive their usual bath or shower, they will be offered baths at the bedside at least daily until the issue that is affecting the ability to give showers/baths is corrected. <b>2. 2.) How you will identify other individual(s) having the potential to be affected by the same deficient practice and what corrective action(s) will be taken:</b> All residents have the</p> | 10/30/2015           |   |

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|   | <p><b>Activities of Daily Living (ADL).</b></p> <p>Resident B's ADL Care Plan, initiated 2/21/12 and revised 8/15 indicated, "I require staff to physically assist me to complete my activities of daily living." Interventions indicated, "I am completely dependent on staff for am et [and] pm care...."</p> <p>The current "Shower/Bathing Schedule", provided by the Director of Nursing (DON) on 10/19/15 at 4:00 p.m., indicated Resident B was to receive a shower twice weekly on Wednesday and Sunday.</p> <p>During review of the "Shower Record" for October 2015, the last documented shower or bath was given on 10/6/15.</p> <p>Review of the "Shower Day Skin Audit", dated 10/7/15, indicated "no hot water."</p> <p>2. The clinical record for Resident C was reviewed on 10/19/15 at 1:30 p.m. Diagnoses for Resident C included, but were not limited to, paranoid schizophrenia, hypertension, chronic pulmonary obstructive disease, anxiety, epilepsy and anxiety.</p> |   | <p>potential to beaffected by this practice. The Director of Nursing has reviewed resident showerpreferences, which are listed on each CNA assignment sheet accordingly. If theDON or Administrator should find that residents are not receiving their showersor baths per their preference, the DONwill make sure that the resident is bathed/showered as quickly as possible.Once that is done, the DON will review the facility policy regarding residentbathing with the nursing staff involved. Once that is done, the DON will renderwritten counseling/disciplinary action in accordance with the level ofnoncompliance that occurred.</p> <p><b>3. 3.) What measures will be put in place or whatsystemic change you will make to ensure that the deficient practice does notrecur:</b> All showers will be documentedalong with any refusals of care and absences. The Director of Nursing created a shower list that must be signed off onby charge nurse and C.N.A. at the end of every shift for three months. The Director of Nursing will inservice the nursing staff regarding the shower listand proper documentation of showers, refusals, and absences. The Director of Nursing or herdesignee will review shower list daily starting at: five days a week for four weeks; then</p> |                      |   |

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|                    | <p>Resident C had a current, 9/24/15, annual Minimum Data Set assessment (MDS), which indicated the resident was cognitively intact and required limited assistance with one person assist for Activities of Daily Living (ADL).</p> <p>Resident C's ADL Care Plan, initiated 2/20/14 and revised 10/15 indicated, "I am able to complete most all ADL's by myself (bathing, dressing and grooming)." Interventions indicated, "I prefer showers daily. I need staff to supervise and assist me...."</p> <p>The current "Shower/Bathing Schedule", provided by the Director of Nursing (DON) on 10/19/15 at 4:00 p.m., indicated Resident C was to receive a shower daily.</p> <p>During review of the "Shower Record" for October 2015, Resident C did not receive a shower on 10/9/15 or 10/15/15.</p> <p>Resident C was interviewed on 10/19/15 at 11:35 a.m. She indicated she liked to shower daily and the facility did not have hot water for 4 days. She indicated she went 3 days without a shower.</p> <p>3. The clinical record for Resident D</p> |               | <p>threetimes a week for three weeks; then two times a week for two weeks; then once weekly for compliance. The Administrator will be notified of any identified issues, and any concerns will be addressed as indicated in question #2. If the situation occurs where an issue such as inappropriate water temperatures has affected the residents' ability to have their showers/baths in accordance with their preference, the DON will maintain a bathing list of all the residents and will have staff document each one's bedside baths, refusals, or absences on that list each day until the issue affecting the showers/baths has been resolved. <b>4. 4.) How corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</b> The Director of Nursing will bring the results of the completed shower/bathing lists consisting of nurse and C.N.A. signatures to the monthly Quality Assurance meetings for three months. Once there is 100% compliance, the QA Committee may decide to stop the written shower lists. However, even when the shower lists are stopped, the DON and designee will continue to monitor that the residents' preferences for showers or bathing are being met</p> |                      |

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|                    | <p>was reviewed on 10/19/15 at 3:00 p.m.</p> <p>Diagnoses for Resident D included, but were not limited to, morbid obesity, diabetes mellitus, major depressive disorder, post traumatic stress disorder and chronic kidney disease.</p> <p>Resident D had a current, 8/13/15, annual Minimum Data Set assessment (MDS), which indicated the resident was cognitively intact and required extensive assistance for Activities of Daily Living (ADL).</p> <p>Resident D's ADL Care Plan, initiated 10/20/13 and revised 8/15, indicated "I require extensive assist from staff to complete most of my ADLs." A goal indicated "I will get up for at least my showers 2x's wkly [weekly]." Interventions indicated "Assist me with my ADLs when I am ready...."</p> <p>The current "Shower/Bathing Schedule", provided by the Director of Nursing (DON) on 10/19/15 at 4:00 p.m., indicated Resident D was to receive a shower Monday, Wednesday and Sunday.</p> <p>During review of the "Shower Record" for October 2015, the last documented shower was given on</p> |               | on an ongoing basis.  |                      |

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|                    | <p>10/7/15.</p> <p>Review of the "Shower Day Skin Audit", dated 10/7/15, the sheet indicated "no hot water was shut off at 9 am."</p> <p>Resident D was interviewed on 10/19/15 at 2:45 p.m. She indicated she was scheduled for showers on Monday, Wednesday and Sunday. She indicated she went about 1 1/2 weeks without a shower and it "bothered her." She indicated the facility did not have any hot water for showers.</p> <p>Confidential CNA interviews for staff working 10/19/15 were completed. Exact times and dates withheld to maintain anonymity.</p> <p>CNA #1 indicated residents did not get showers on Sunday and some did not get a shower on Saturday. She indicated she felt like there was delay in fixing the leak.</p> <p>CNA #2 indicated Resident C was mad she could not get her showers daily. She indicated staff could turn on the hot water, but the water would turn cold quickly.</p> <p>CNA #3 indicated there was a</p> |               |   |                      |

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|                    | <p>disruption of hot water for 4-5 days. She indicated the hot water "was just not there". She indicated when the hot water returned, she made sure the people that looked the most "grungy" got a shower.</p> <p>CNA #4 indicated the water was warm for a couple of days, but not hot. She indicated she was not aware how to turn on and off the hot water tanks.</p> <p>The Administrator was interviewed on 10/19/15 at 9:40 a.m. He indicated there had been a problem with the water pressure. He indicated by 10/9/15, the temperatures started to get turned off. He indicated he contacted several plumbers on Friday, 10/9/15, but they needed the water line exposed and they would not jack hammer thru the concrete floor. He indicated the regional maintenance director stated he would be able to come to the facility with a jack hammer on Monday the 12th. He indicated the water was fixed prior to noon on 10/12/15 and hot water was always available. He indicated the facility always had hot water, but the CNA's needed to shorten the shower times. He indicated staff was aware of how to turn the hot water on at the tank. He</p> |               |   |                      |

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|                    | <p>indicated the kitchen was not affected because they had their line, but they would pull from the hot water tank when they used the dishwasher so paper plates and cups were used for 4 meals.</p> <p>During an interview on 10/19/15 at 10:20 a.m., the Maintenance Director indicated the facility has 2-100 gallon water tanks. He indicated the facility was going thru 200 gallons within 20 minutes.</p> <p>The Maintenance Director was interviewed again at 3:45 p.m. on 10/19/15. He indicated it may have taken up to 2 hours to reheat both tanks if they were completely dry. He indicated it would not take longer than 4 hours.</p> <p>Review of the "Water Temperature Log's" from 10/5-10/15/15 provided by the Administrator on 10/19/15 at 10:25 a.m., indicated on 10/7/15, water temperatures varied from 92.2-99.2 degrees. On 10/9/15, the water temperatures varied from 92.2-96.6 degrees.</p> <p>Review of a policy, titled "Bath-Bed, Partial, Shower, Tub", dated June 2004 and revised 10/04, provided by the Administrator on 10/19/15 at 4:30 p.m.,</p> |               |   |                      |

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|                    | <p>indicated the following:</p> <p>"POLICY: All residents who are bed-bound should receive a complete bed bath at least twice a week, with a partial bath on the days that a complete bath is not given. Other residents who are out of bed should receive at least two (2) showers or tub baths per week, with partial baths between showers.</p> <p>...EQUIPMENT:<br/>Basin and water, 100-110 degrees F...</p> <p>SHOWER PROCEDURE:<br/>...3. Adjust temperature of water before placing resident under shower. Check temperature; water should not be above 110 degrees F.</p> <p>"...it is the responsibility of the IDT [interdisciplinary team] to determine if the emotional or behavioral symptoms may be caused by...reversible environmental and/or psychological stressor...."</p> <p>This Federal tag relates to Complaint IN00184311.</p> <p>3.1-38(a)(2)(A)</p> |               |   |                      |