

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155521	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/06/2012
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NAME OF PROVIDER OR SUPPLIER ALEXANDRIA CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1912 S PARK AVE ALEXANDRIA, IN 46001
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F0000	<p>This visit was for the Investigation of Complaint IN00118953.</p> <p>Complaint IN00118953- Substantiated, federal/state deficiencies related to the allegations are cited at F312 and F514.</p> <p>Survey dates: November 5, 6, 2012</p> <p>Facility Number: 000518 Provider Number: 155521 AIM Number: 100266670</p> <p>Survey Team: Ginger McNamee, RN-TC Karen Lewis, RN Betty Retherford, RN (November 5, 2012)</p> <p>Census Bed Type: SNF/NF: 62 Total: 62</p> <p>Census Payor Type: Medicare: 3 Medicaid: 49 Other: 10 Total: 62</p> <p>Sample: 7</p> <p>These deficiencies reflect state findings</p>	F0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance</p>	

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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	cited in accordance with 410 IAC 16.2. Quality review completed on November 13, 2012 by Bev Faulkner, RN			

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F0312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS 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 received showers in accordance with their plan of care for 2 of 7 residents reviewed for showers and bathing services in a sample of 7. (Resident #'s Z and C)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #Z was reviewed on 11/5/12 at 9:55 a.m.</p> <p>Diagnoses for Resident #Z included, but were not limited to, acute debility, multiple sclerosis, chronic urinary tract infections, and mild dementia.</p> <p>A 9/16/12, significant change Minimum Data Set (MDS) assessment for Resident #Z indicated the resident was totally dependent on the assistance of two staff members for transfers, bed mobility, and bathing.</p> <p>A health care plan problem, dated 9/29/12, indicated Resident #Z was dependent on the staff for most activities</p>	F0312	<p>1. Residents' Z and C are currently receiving showers and bathing services according to their plan of care. 2. All residents have the potential to be affected. They are currently receiving showers and bathing services according to their plans of care. 3. The facility's policy for showers has been reviewed and no changes are indicated at this time. The facility's resident shower schedule has been reviewed and revised to ensure each resident is offered a shower or bath at least two times weekly. The nursing staff has been re-educated on the shower policy and residents shower schedule. (See Attachment A) A Personal Care and Documentation Monitoring Form has been initiated to ensure the residents are receiving assistance with their showers or baths as scheduled. (See Attachment B) unless refused, which would then be documented. 4. The DON or designee will monitor showers/baths and documentation on scheduled work days as follows: daily for two weeks, 3 times weekly for two weeks, then weekly thereafter</p>	11/26/2012			

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	<p>of daily living. One of the approaches for this problem was "Showers/baths per schedule and more frequently PRN (as needed) or requested."</p> <p>The daily shower schedule for the 200 hall, provided by the Administrator on 11/5/12 at 10 a.m., indicated Resident #Z was to be given a shower two times a week on the day shift on Mondays and Thursdays.</p> <p>The August and September 2012 bathing records for Resident #Z indicated the resident was showered on the following days:</p> <p>August 2nd- a Thursday August 9th- a Thursday August 13th - a Monday August 23rd - a Thursday August 30th - a Thursday</p> <p>The other days of the August schedule for all shifts either had a "partial bath" listed or were blank. This indicated only 5 showers were given during the month of August when 9 should have been given.</p> <p>September 3rd- a Monday September 10th - a Monday September 24th - a Monday (this indicated a two week time period without a shower or complete bed bath)</p>		<p>and will complete the Personal Care and Documentation Monitoring Form. Should concern(s) be observed, re-education will be provided. Results of these reviews will be discussed at the facility's quarterly QA meetings for a minimum of six months and the plan will be adjusted accordingly, should concerns be noted.</p>		

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	<p>September 27th - a Thursday</p> <p>The other days of the September schedule for all shifts either had a "partial bath" listed or were blank. This indicated only 4 showers were given during the month of September when 8 should have been given.</p> <p>During an interview with the RN Consultant on 11/5/12 at 4:45 p.m., additional information was requested related to the resident not being given a shower in accordance with her plan of care and shower schedule.</p> <p>The facility failed to provide any additional shower information as of exit on 11/6/12.</p> <p>2.) The clinical record for Resident #C was reviewed on 11/5/12 at 10:00 a.m.</p> <p>Diagnoses for Resident #C included, but were not limited to, hypertension, obesity, unsteady gait, and dementia.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 10/19/12, indicated the resident needed the assistance of two staff members for transfers, bed mobility, and bathing.</p> <p>A health care plan problem, dated 1/21/12, indicated Resident #C requires</p>				

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	<p>extensive assist for most activities of daily living, One of the approaches for this problem was "Shower/baths per schedule and more frequently as needed or requested."</p> <p>The daily shower schedule for the 200 hall, provided by the Administrator on 11/5/12 at 10:00 a.m., indicated Resident #C was to be given a shower two times a week on the evening shift on Mondays and Thursdays.</p> <p>The August and September 2012 bathing records for Resident #C indicated the resident was showered on the following days:</p> <p>August 6th- a Monday August 9th- a Thursday August 13th- a Monday August 16th - a Thursday August 24th - a Friday August 30th - a Thursday</p> <p>The other days of the August schedule for all shifts either had a "partial bath" listed or were blank. This indicated only 6 showers were given during the month of August when 9 should have been given.</p> <p>September 6th - a Thursday September 10th - a Monday September 13th - a Thursday</p>			

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	<p>September 20th - a Thursday September 27th - a Thursday September 29th - a Saturday</p> <p>The other days of the September schedule for all shifts either had a "partial bath" listed or were blank. This indicated only 6 showers were given during the month of September when 8 should have been given.</p> <p>During an interview with the RN Consultant on 11/5/12 at 4:45 p.m., additional information was requested related to the resident not being given a shower in accordance with her plan of care and shower schedule.</p> <p>During an interview with the Administrator on 11/6/12 at 10:10 a.m., she indicated she could provide no documentation to dispute or prove the resident was given any additional showers in September.</p> <p>The facility failed to provide any additional shower information as of exit on 11/6/12.</p> <p>3.) During an interview with CNA #1 on 11/5/12 at 1:50 p.m., she indicated she had came to work an hour earlier than she was scheduled. She indicated she was asked to clock in and help CNA #2 on the 200 hall. She indicated she had to assist</p>						

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	<p>CNA #2 give a shower to a resident that required the assistance of two. She indicated she works the 200 hall on second shift and fills in on the day shift on the 200 hall when needed. She indicated some CNA's cannot complete the 200 hall assignment when there is only one CNA scheduled for the hall. She indicated she had worked day shift on 11/3/12 and did not complete one shower. She indicated she worked on 11/4/12 and gave the missed shower then.</p> <p>4.) During an interview with CNA #2 on 11/5/12 at 2:00 p.m., she indicated she had been assigned four showers and was only able to complete one of them until CNA #1 came to assist her. She indicated it was the end of her shift and she would not be able to finish her other two showers.</p> <p>This Federal tag relates to Complaint IN00118953.</p> <p>3.1-38(a)(3)(A)</p>			

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F0514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE</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 record review and interview, the facility failed to ensure resident clinical records were complete and accurately documented in regards to resident toileting and/or shower schedules for 3 of 7 residents reviewed for complete and accurate clinical records in a sample of 7. (Resident #'s Z, C, and D)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #Z was reviewed on 11/5/12 at 9:55 a.m.</p> <p>A health care plan problem, dated 1/9/12 and last reviewed on 10/2/12, indicated Resident #Z had a potential for excoriation due to a history of chronic excoriation related to incontinence and diabetes. One of the approaches for this</p>	F0514	<p>1. The clinical records for Residents' Z, C, and D have been reviewed and areas of concern and corresponding caregivers responsible for lack of complete and accurate documentation have been identified and addressed.</p> <p>2. All residents have the potential to be affected, thus the following corrective action shall be taken. Resident bath/shower schedule and toileting schedules reviewed for accuracy and patterns/trends in non-compliance with complete and accurate documentation. Responsible staff/shift has been addressed, as applicable.</p> <p>3. The facility's policy for documentation has been reviewed and no changes are indicated at this time. The nursing staff have been re-educated on complete and</p>	11/26/2012	

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	<p>problem was to provide peri care as needed.</p> <p>A scheduled toileting program for Resident #Z indicated she was to be checked before breakfast, after breakfast, before lunch, after lunch, before dinner, after dinner and as needed throughout the night.</p> <p>The August 2012 "Scheduled Toileting" record lacked documentation of the service being provided for 26 of 186 opportunities.</p> <p>The September 2012 "Scheduled Toileting" record lacked documentation of the service being provided for 10 for 180 opportunities.</p> <p>The records were blank on all of the 36 occasions noted above.</p> <p>2.) Resident #D's clinical record was reviewed on 11/5/12 at 4:20 p.m. The resident had a current Physician's order for the resident to have a daily shower. This order originated on 8/17/12. Review of the CNA shower documentation and Medication Record for September, 2012, lacked documentation of Resident #D receiving a shower on 9/7/12, 9/20/12, and 9/22/12.</p> <p>During an interview with the</p>		<p>accurate documentation. (See Attachment A) A Personal Care and Documentation Monitoring Form has been initiated to ensure the residents are offered their showers or baths as scheduled, being toileted as scheduled, and documentation is complete and accurate (See Attachment B) 4. The DON or designee will monitor showers/baths, toileting, and documentation on scheduled work days as follows: daily for two weeks, 3 times weekly for two weeks, then weekly thereafter and will complete the Personal Care and Documentation Monitoring Form. Should concern(s) be observed, re-education will be provided. Results of these reviews will be discussed at the facility's quarterly QA meetings for a minimum of six months and the plan will be adjusted accordingly, should concerns be noted.</p>		

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	<p>Administrator on 11/6/12 at 10:10 a.m., she indicated she had no further information related to the documentation of the showers.</p> <p>3.) The clinical record for Resident #C was reviewed on 11/5/12 at 10:00 a.m.</p> <p>Diagnoses for Resident #C included, but were not limited to, hypertension, obesity, unsteady gait, and dementia.</p> <p>A scheduled toileting program for Resident #C indicated she was to be checked before breakfast, after breakfast, before lunch, after lunch, before dinner, after dinner, and as needed throughout the night.</p> <p>The September 2012 "Scheduled Toileting" record lacked documentation of the service being provided on 58 of 180 opportunities.</p> <p>The record was blank on all of the 58 occasions noted above.</p> <p>This federal tag relates to complaint IN00118953.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>				

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