

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155781	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/05/2013
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NAME OF PROVIDER OR SUPPLIER  MORNINGCREST NURSING AND MEMORY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 915 S 27 ST SOUTH BEND, IN 46615
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F000000	<p>This visit was for Investigation of Complaint #IN00128698.</p> <p>Complaint #IN00128698 - Substantiated. Federal/State deficiency related to the allegation cited at F354.</p> <p>Survey date: July 5, 2013.</p> <p>Survey team: Shelly Vice RN</p> <p>Facility number: 012199 Provider number: 155781 AIM number: 200989880</p> <p>Census bed type: SNF/NF: 18</p> <p>Census payor type: Medicare: 2 Medicaid: 15 Other: 1</p> <p>Sample: 2</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on July 8, 2013, by Brenda Meredith, R.N.</p>	F000000		

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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F000354 SS=E	<p>483.30(b) WAIVER-RN 8 HRS 7 DAYS/WK, FULL-TIME DON Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</p> <p>Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.</p> <p>The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.</p> <p>Based on observation, interview and record review, the facility failed to provide Registered Nurse coverage for 7 days a week. This affected 18 of 18 residents residing at the facility.</p> <p>Findings included:</p> <p>On 7/5/13 at 2:00 p.m., an interview was conducted with the Director of Nursing (DON), whom was a Registered Nurse, indicating the DON worked 5 days a week, Monday through Friday, from approximately 7:00 a.m. until 3:00 p.m. The DON indicated that she did not work in the facility on Saturday and Sunday, but was "...on-call..." indicating when the staff at the facility required a Registered Nurse (RN), the DON would come into the facility and work</p>	F000354	Residents who have the potential to be affected are identified through a facility audit. There are no residents affected. The facility is currently recruiting RN's on a continuous basis, using networking, classified advertising and internet options. RN coverage will be provided 7 days per week for 8 consecutive hours per day. The Director of Nursing, Administrator and Scheduling Coordinator will review the licensed nursing schedule weekly to determine if adequate RN coverage is provided 7 days per week. If necessary, adjustments will be made to provide the required coverage. The Quality Assurance Committee will review the schedules monthly to ensure that required RN coverage is provided. The Director of Nursing, Administrator, and Scheduling Coordinator are responsible to	08/04/2013			

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	<p>until the situation was handled and then could leave the facility. The DON indicated she was the only Registered Nurse employed by the facility. The DON also indicated she did not work 8 consecutive hours for 7 days a week. She indicated this had been this way since she was moved from,"... a sister facility 4 weeks ago...I was oriented by another RN who worked here then, but she quit and it has been me for the past 2 weeks...."</p> <p>On 7/5/13 at 2:30 p.m., an interview was conducted with the Receptionist indicating that the facility had only one RN and the RN also acted as the DON for the facility. It was also indicated that the facility had a census of 18 of which 2 were Medicare recipients receiving therapy through the physical and occupational therapy departments.</p> <p>On 7/5/13 at 2:40 p.m., a record review was conducted of the facility's phone list indicating that there was only one Registered nurse identified as being employed at the facility.</p> <p>3.1-17(b)(3)</p>		monitor to ensure compliance.				