

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155219	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/28/2015
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF SOUTH BEND	STREET ADDRESS, CITY, STATE, ZIP CODE 52654 N IRONWOOD RD SOUTH BEND, IN 46635
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F000000	<p>This visit was for the Investigation of Complaint IN00162439.</p> <p>Complaint IN00162439 - Substantiated. Federal/State deficiencies related to the allegations are cited at F241.</p> <p>Survey dates: January 27 & 28, 2015</p> <p>Facility number: 000124 Provider number: 155219 AIM number: 100266730</p> <p>Survey team: Diana McDonald, RN-TC</p> <p>Census bed type: SNF/NF: 79 Total: 79</p> <p>Census payor type: Medicare: 8 Medicaid: 68 Other: 11 Total: 79</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>F241: It is the practice of this facility to respect the dignity of all residents within the facility.</p> <p>Affected Resident: Resident A's care plan and assignment sheet have been reviewed and updated to reflect the resident's preferences per the family's requests related to personal care and grooming.</p> <p>Resident's shaving the potential to be affected: All residents have the potential to be affected in respect to personal preferences, choices and dignity.</p> <p>Systemic Changes: Care plans and nursing aide assignment sheets were audited 100% by licensed nursing staff to ensure both reflected any known resident preferences, and to maintain dignity. Monitoring: A Performance Improvement tool has been developed that will monitor accuracy of care plans and nursing aide assignment sheets. PI tool will include audits of care plans and nursing aide assignment sheets to insure they reflect known resident preferences. Unit manager, ADON, DON, or Designee will audit nurse aide assignment sheets to ensure they match the care plans. An audit tool will be completed 2x/week time 2 weeks. Then 1x/week times 2 weeks then monthly times 5 months. Process will be reviewed monthly in QAA x 6</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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F000241 SS=A	<p>Quality review completed on February 5, 2015, by Brenda Meredith RN.</p> <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 observation, interview and record review, the facility failed to ensure that Resident A's dignity was respected in recognition of her individuality. Resident A's hair was not being groomed according to her family's request. This affected 1 out of 1 Residents. (Resident A)</p> <p>Finding includes:</p> <p>Resident's A clinical record was reviewed on 1/27/2015 at 11:45 a.m. Resident A's diagnoses include, but were not limited to dementia, quadriplegia, spasticity and osteoarthritis. Resident A's Brief Interview for Mental Status (BIMS), dated 1/22/2015, indicated a score of 0,</p>	F000241	<p>months to ensure compliance. DON or Designee will monitor 2x/weektime 2 weeks. Then 1x/week times 2 weeksthen monthly times 5 months. Processwill be reviewed monthly in QAA x 6 months to ensure compliance to ensureaccuracy and completion of the audit. Completed By: February 17, 2015</p> <p>F241: It is the practiceof this facility to respect the dignity of all residents within the facility. AffectedResident: Resident A's care plan and assignment sheet have beenreviewed and updated to reflect the resident's preferences per the family's requestsrelated to personal care and grooming. Resident's having the potential to be affected: All residents have the potential to be affected inrespect to personal preferences, choices and dignity. Systemic Changes: Care plans and nursing aide assignment sheets were audited100% by licensed nursing staff to ensure both reflected any known residentpreferences, and to maintain dignity. Monitoring: A Performance Improvement tool</p>	02/17/2015

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	<p>severe impairment. Minimum Data Set (MDS) assessment, dated 1/22/2015, indicated Resident A's bathing and personal hygiene care was an extensive assistance with one person physical assist.</p> <p>During an observation on 1/27/2015 at 12:12 p.m., Resident A was in the activity room with a group of other resident's. Resident A's appearance was, clean, odor free and neatly dressed. Resident A's hair appeared to be clean, uncombed, loose curl on sides and flat on top.</p> <p>During an observation on 1/28/2015 at 9:25 a.m., Resident A was in the activity room, she was sitting in her wheelchair with a blanket around her, she was clean, odor free, her hair was clean, loose curl on the sides and straight on the top .</p> <p>During an interview with CNA (Certified Nursing Assistant) #1, on 1/28/2015 at 2:25 p.m., the CNA #1 indicated that the resident was total care during shower, Resident A receives a shower on Monday, Wednesday and Friday and is very calm during shower. "I wash her and shampoo her hair with the shampoo family has provided. I rinse her hair out and dry her hair a little with a towel so it is not dripping and then scrunch her hair</p>		<p>has been developed thatwill monitor accuracy of care plans and nursing aide assignment sheets. PI tool will include audits of care plansand nursing aide assignment sheets to insure they reflect known residentpreferences. Unit manager, ADON, DON, orDesignee will audit nurse aide assignment sheets to ensure they match the care plans. Aaudit tool will be completed 2x/week time 2 weeks. Then 1x/week times 2 weeks then monthly times5 months. Process will be reviewedmonthly in QAA x 6 months to ensure compliance. DON or Designee will monitor 2x/weektime 2 weeks. Then 1x/week times 2 weeksthen monthly times 5 months. Processwill be reviewed monthly in QAA x 6 months to ensure compliance to ensureaccuracy and completion of the audit.</p> <p>Completed By: February 17, 2015</p>		

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	<p>with my fingers and let her hair dry naturally. It looks wild once it dries, but that is the way the family wants it."</p> <p>During an interview with CNA #2, on 1/28/2015 at 2:36 p.m., the CNA #2 indicated when she gives Resident A a shower and she does not use shampoo because the family does not want any shampoo used of resident. "I just wash her body and rinse her hair but I do not use shampoo. Resident A does not like to be rinsed off she yells when I rinse her off, the water is warm."</p> <p>During an interview with ADON (Assistant Director of Nursing) on 1/28/2015 at 2:48 p.m., the ADON indicated Resident A should have her hair washed using shampoo, rinsed, towel dried and hair scrunched and then let dry.</p> <p>During an interview with Resident A's Daughter on 1/28/2015 at 1:05 p.m., the Daughter indicated the facility was not washing Resident A's hair properly. When I visit mom's hair is often dirty and combed straight, I got her a perm at Christmas time and on the perm on the top of her head is gone, because they keep combing it straight. I keep telling the facility how to shampoo my mothers hair but they are not doing correctly. I have signs up on her wall to tell them</p>			

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	<p>how I want it done.</p> <p>On 1/27/2015 at 3:15 p.m., the ADON provided the "CNA Assignment Sheet," not dated, and indicated this was the most current assignment sheet. The assignment sheet indicated Resident A "...Has own soap for showers. Do not comb hair straight. Just wash and let dry...." "...No product in hair. Just wash and rinse...."</p> <p>This Federal tag relates to Complaint IN00162439.</p> <p>3.1-3(t)</p>			