

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155286	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/17/2014
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F000000	<p>This visit was for the Investigation of Complaints IN00160791, and IN00160859.</p> <p>Complaint IN00160791 Substantiated. Findings related to the allegations are cited at F 323.</p> <p>Complaint IN00160859 Substantiated. Findings related to the allegations are cited at F 244.</p> <p>Survey dates: December 15, 16, and 17, 2014</p> <p>Facility number: 000184 Provider number: 155286 AIM number: 100267210</p> <p>Survey team: Christine Fodrea, RN, TC</p> <p>Census bed type: SNF/NF: 49 Total: 49</p> <p>Census payor type: Medicare: 8 Medicaid: 35 Other: 6 Total: 49</p>	F000000	<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.</p> <p>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> <p>Requesting Desk Review</p>	
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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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F000244 SS=E	<p>Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 19, 2014 by Randy Fry RN.</p> <p>483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.</p> <p>Based on observation, interview and record review, the facility failed to promptly resolve delays in answering call lights as requested by resident council for 5 of 7 residents reviewed with concerns about call lights in a sample of 7 (Resident #U, and Room #201 and Room # 208).</p> <p>Findings include:</p> <p>1. During an observation of call light</p>	F000244	<p>Requesting Desk Review F244</p> <p>1. The Executive Director spoke with the residents affected by this practice, and grievance forms have been completed. Staff educated by the DNS on 12-15-14 on answering call lights timely and utilizing grievance forms for any concerns received. Call lights are now being answered in a timely manner for resident U, and residents in room 201 and 208.</p> <p>2. All residents have the potential to be affected by this practice. Staff educated by the DNS</p>	12/23/2014	

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	<p>responses on 12-15-2014 between 1:56 PM and 2:18 PM, The call light for Room # 201 was activated at 1:56 PM. There were no personnel in the hallway. LPN #1 was at the desk, on the telephone. At 2:13 PM, CNA #2 came out of a room, and answered the call light 17 minutes later.</p> <p>A resident census sheet provided by the Director of Nursing (DON) on 12-15-2014 at 9:22 AM, indicated there were 2 residents residing in Room 201.</p> <p>During an observation on 12-15-2014 at 2:00 PM, the call light for Room #208 was activated. At 2:08 PM, CNA #3 walked past the call light going towards the nurse's station. At 2:18 PM, CNA #2 came out of a resident room and answered the call light 18 minutes later.</p> <p>A resident census sheet provided by the Director of Nursing (DON) on 12-15-2014 at 9:22 AM, indicated there were 2 residents residing in Room 208.</p> <p>2. Resident #U's record was reviewed 12-17-2014 at 9:52 AM. Resident #U's diagnoses included diabetes, depression, and high blood pressure.</p> <p>In an interview on 12-15-2014 at 2:10 PM, Resident #U indicated she depends</p>		<p>on 12-15-14 on answering call lights timely and utilizing grievance forms for any concerns received.</p> <p>3. DNS/Designee will conduct rounds on every shift to monitor call light response times. Any concerns will be addressed immediately. Staff educated by the DNS on 12-15-14 on answering call lights timely and utilizing grievance forms for any concerns received.</p> <p>4. To ensure compliance, the DNS/Designee is responsible for the completion of the call light CQI tool weekly times 4 weeks, monthly times 6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p> <p>5. Completion Date: 12-23-14</p>		

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	<p>on staff to get her in and out of bed. Resident #U further indicated after meals, she frequently had to wait an inordinate amount of time to go to the bathroom and be put back to bed.</p> <p>A review of Resident #U's Minimum Data Set (MDS) dated 11-6-2014 indicated Resident #U's Brief Interview for Mental Status score was a 15. The score of 15 indicated Resident #U was cognitively intact and could answer questions appropriately.</p> <p>A list of interviewable residents provided by the Social Services Director on 12-15-2014 at 10:46 AM, included Resident #U as able to answer questions appropriately.</p> <p>3. A review of Resident Council Minutes indicated the following: The meeting dated 9-26-2014 indicated residents had a concern with call lights not being answered timely, or of staff coming to answer the light, then not turning the light off, and not providing care. The meeting dated 10-24-2014 indicated the residents had a concern of the staff coming in to answer the light, and turning the light off, but not attending to the resident needs. The meeting dated 11-28-2014 indicated the residents still had a concern with call lights not being</p>						

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F000323 SS=E	<p>answered promptly especially after meals and on second shift.</p> <p>In an interview on 12-17-2014 at 11:30 AM, the Administrator indicated call lights were to be answered promptly.</p> <p>This Federal tag relates to Complaint IN00160859.</p> <p>3.1-3(l)</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, record review and interview, the facility failed to ensure fall prevention measures were in place for 2 of 4 residents reviewed with falls(Resident #T and Resident #X). The facility further failed to secure chemicals in a shower area on the 300 hall. This had the potential to affect 3 confused residents in the area of the shower room.</p> <p>Findings include:</p>	F000323	<p>Requesting Desk Review</p> <p>1. Fall interventions are in place for resident # X. Resident number T no longer resides in facility. Chemicals in the shower area are secure and locked.</p> <p>2. This practice had the potential to affect all residents. All residents at risk for falls were reviewed by DNS/Designee to ensure fall interventions were implemented and accurate and followed physician orders. Chemicals</p>	12/23/2014

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	<p>1. Resident #T's record was reviewed 12-16-2014 at 10:45 AM. Resident #T's diagnoses included, but were not limited to, high blood pressure, dementia, and osteoporosis.</p> <p>A review of Resident #T's fall prevention care plan dated 4-21-2014 indicated Resident #T's interventions for prevention were : Ensure foot buddy is in place for proper wheelchair positioning, initiated 1-28-2014, offer tissue box in wheelchair, anti tippers on the back of the wheelchair, lateral bolsters on the wheelchair, reclining high back wheelchair, bed in lowest position, gripper socks, lay resident down after meals, and encourage resident to use call light.</p> <p>A review of Resident #T's progress notes dated 12-6-2014 at 9:40 AM, indicated Resident #T was sitting at the nurse's desk, leaned forward out of wheelchair, and fell out of the chair.</p> <p>A review of Resident #T's event report dated 12-6-2014 at 9:00 AM, indicated Resident #T sitting at the nurse's station, and was found laying on her right side. Although her gripper socks were on, she had on no shoes, and the foot box, and foot pedals were not on her wheelchair.</p>		<p>in the shower area are secure and locked.</p> <p>3. DNS/Designee will conduct rounds every shift to ensure fall interventions are in place per careplan and physicians order. Charge nurses will conduct rounds every shift to ensure chemicals are stored and locked. Staff educated by the DNS on 12-15-14 on securing all chemicals in the shower rooms and ensuring all fall interventions are in place.</p> <p>4. To ensure compliance, the DNS/Designee is responsible for the completion of the Fall CQI tool and the Hazardous Comm CQI tool weekly times 4 weeks, monthly times 6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p> <p>5. Completion Date: 12-23-14</p>	

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	<p>A review of an inservice record dated 12-6-2014 indicated nursing staff had been reeducated regarding following resident plans of care.</p> <p>2. Resident #X's record was reviewed 12-16-2014 at 2:58 PM. Resident #X's diagnoses included, but were not limited to, dementia with behavioral disturbances and delusions, high blood pressure, and diabetes.</p> <p>In an observation on 12-15-2014 from 11:56 AM through 12:05 PM, Resident #X was observed in the assisted dining room, with her head on the table. At 12:05 PM, lunch was served, and staff began encouraging Resident #X to eat.</p> <p>In an observation on 12-16-2014 from 11:45 Am through 12:06 PM, Resident #X was observed in the assisted dining room with her head on the table. At 12:06 PM, lunch was served, and staff assisted Resident #X to eat.</p> <p>A review of Resident #X's fall prevention care plan dated 11-30-2014 indicated resident #X was to have activity prior to meals and after tray delivery initiated 11-20-2014; dycem to her green chair; when agitated, offer toileting; assist resident to sit on floor when she wants to;</p>			

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	<p>pillow under fitted sheet for tactile boundaries; alarm on bed; and keep a blanket on her.</p> <p>In an interview on 12-16-2014 at 11:56 AM, CNA #5 indicated the staff allowed Resident #X to sleep prior to meals. CNA #5 further indicated she thought an activity prior to meals might make her wake up and eat.</p> <p>In an interview on 12-17-2014 at 10:29 AM, the Administrator indicated the facility had no policy for following care plans, it was just understood that whatever the care plan indicated should be followed.</p> <p>3. During an observation on 12-16-2014 at 10:06 AM, the shower room door on the 300 hall was observed to be ajar. There were 5 residents in the immediate area. The cabinet in the shower room was unlocked, and in the cabinet was 1/2 liter of Aloe lotion, 3/4 quart of hair conditioner, 1/2 quart shampoo, 3 partially used shaving cream containers, and a bottle labeled Quat with fluid reaching the 4 ounce mark on the bottle.</p> <p>In an interview on 12-16-2014 at 10:19 AM, CNA #2 indicated the lotions, shampoos, and shaving creams were supposed to be used only for the resident</p>						

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	<p>they were purchased for, and then, the bottles were to be labeled. CNA 32 indicted she had witnessed other CNAs using the bottles in the cabinet as community bottles. She further indicated the Quat was a cleaning solution and was supposed to be locked up all the time.</p> <p>A review of the Material Safety Data Sheet titled Quat dated 1-17-2011 indicated Quat was corrosive to eyes, and could cause nausea, vomiting, and swelling of the nasal cavity and throat.</p> <p>A review of a posted sign in the cabinet dated 8-20-2013 provided by the Director of Nursing on 12-16-2014 at 10:58 AM indicated "all residents were to have their own soap and hygiene supplies. All chemicals must be in a locked cabinet."</p> <p>In an interview on 12-16-2014 at 10:22 AM, CNA #2 indicated of the 5 residents in the area of the unlocked shower room, 3 were independently mobile and confused.</p> <p>This Federal tag relates to Complaint IN00160791</p> <p>3.1-45(a)(2)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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