STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	155343		07/31/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF LAGRANGE	0770 N 075 E LAGRANGE, IN 46761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00205568. Complaint IN00205568-Substantiated, deficiencies cited at F-248 and F-514. Survey Dates: July 30 & 31, 2016 Facility number: 000235 Provider number: 155343 AIM number: 100267740 Census bed type: SNF/NF: 57 Total: 57 Census payor type: Medicare: 3 Medicaid: 47 Other: 7 Total: 57 Sample: 3 These deficiencies also reflect state findings in accordance with 410 IAC 16-2 3.1. QR completed by 11474 on August 1, 2016.	F 0000	The facility requests that this plan of correction be considered its credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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 0248 SS=D Bldg. 00	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. Based on interview, record review and observation, the facility failed to follow the activity calendar posted for the month and failed to provide activities to meet the needs of 1 resident (HH) in a sample of 3 resident records reviewed. Findings include: Observation of activities on 7/30/16 at 10:15 a.m. indicated 1 resident in the activity room seated at the table with the activity assistant. Observation indicated the activity assistant was making a glitter jar. The following was observed: At 10:30 a.m. a CNA (certified nursing assistant) was observed to bring a resident in a geri-chair, into the activity room and place the resident at a table by themselves. The resident was observed	F 0248	**F-248** It is the practice of this facility to ensure the highest quality of care is afforded our residents. Consistent with this practice, the following has been done: *The corrective action taken for the residents found to have been affected by the deficient practice was:* Residents CC, DD, EE, GG, and HH had no negative outcome to alleged deficient practice. *The corrective action taken for those residents having the potential to be affected by the same deficient practice is:* Other residents have the potential to be affected therefore Activities Director reviewed and updated the activities assessment along with their interests as needed after interviewing all residents or family. *The measures put into place and a systemic change made to ensure the deficient practice does not recur is:* In-servicing was completed on	08/30/2016

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	to put a blanket over his head. At 10:35 a.m. a CNA brought another resident into the room in a wheelchair. This resident was verbalizing, "Where are you taking me?" The CNA placed the resident at a table by themselves. The resident was heard saying "Don't leave me here." The CNA walked out of the room. The activity assistant was noted to walk over to the resident and the resident stated, "You aren't going to leave me too?" At 10:38 a.m. a CNA brought another resident into the activity room who was in a geri-chair. The CNA placed this resident at a table by themselves. At 10:40 a.m. A CNA brought another resident into the room in a wheelchair and placed them at a table by themselves and gave them a cup of coffee. At 10:45 a.m. observation of the activity room indicated more residents had come into the room, 5 residents were noted to be seated at tables by themselves and 4 residents were observed to be seated around a table with the activity assistant who was helping them make glitter jars. At 11:40 a.m. ten residents were seated at tables in the activity room. No activity		August 10, 2016 by the Administrator to the activity staff regarding better communication on when the activities are starting and when there are changes to the activity schedule. Activities that are scheduled will be followed and when changes occur residents will be notified. The activity assessments/ interviews need to be updated as needed. *To ensure the deficient practice does not recur, the monitoring system established is:* Administrator and or designee will attend the monthly resident council meeting to ask how activities are going and document in the council minutes. Administrator will interview 3 alert and oriented residents weekly for 90 days to assure activities are completed as scheduled and communicated to along with the overall communication. The activity assessments will be audited weekly for the first quarter. Results will be presented to the performance improvement committee and will determine the need for further audits.	

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	staff were in the room. Interview with nursing staff #2 indicated all residents seated in the activity room were confused residents. At 11:42 a.m. a nurse walked in the room and stated "It will be lunch soon." On 7/3016 at 11:50 a.m. review of the activity calendar for Saturday 7/30/16 indicated the following: 10:00 WII Bowling AR (activity room) 11:30 Sensory Expressions-AR 2:00 Movie Time-AR 2:15 Popcorn Wagon AR Observation, at 2:00 p.m. in the main dining room, a musical program was being provided. A sign was noted by the dining room door which indicated the program was from 2:00 p.m.-3:00 p.m. Interview with the activity assistant, on 7/31/16 at 1:00 p.m., indicated she was new and had started as an activity assistant 2 weeks ago. The activity assistant was queried about the activity schedule for yesterday and why it was different. She indicated she had done WII bowling with 1 resident and then did the activity of making glitter jars.			

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	On 7/31/16 at 1:15 p.m., interview with the Activity Director indicated the activity calendar was done a month in advance. She indicated if she would get a call for a music program, as an example, she will mark off the activity which was scheduled and post the new activity. The Activity Director stated the activity calendar was "subject to change" and indicated this was noted on the bottom of the calendar. Further interview with the Activity Director indicated "Sensory Expression" was an activity geared to residents who were in the "assist dining room" and it could be things like hand massages and calming activities. The Activity Director was informed of the observation of the morning activities observed on 7/30/16, which did not follow the schedule. Interview with the Activity Director, on 7/31/16 at 1:25 p.m., indicated last weekend on 7/23 and 7/24/16 a CNA had done activities for her in the afternoon because the previous assistant had quit and the new assistant had just been hired. On 7/31/16 at 1:30 p.m. review of the activity calendar indicated "Sensory Expressions, Movie Time and Popcorn Wagon" did not occur.			

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	On 7/30 and 7/31/16 interview with alert and oriented residents, and who will remain anonymous indicated the following related to activities: Resident (CC) indicated they sometimes did not like the activities which were offered. Resident (DD) indicated they would go to activities over there (pointing to the AR room) but the activity or staff might not be there. The resident indicated the activities have fallen off in the last year and stated they have gone to activities and they were not happening. Resident (EE) indicated they did not think there were enough activities. The resident indicated last weekend there were no activities. The resident stated "You never know what they are doing. The other day I went to bingo and staff said no, we are going to have music . That is how it goes." Resident (GG) indicated they did not go to activities much. The resident indicated the activities were not interesting and felt the activities were not geared towards adults. Interview with Resident (HH) on 7/31/16			

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	at 9:30 a.m. indicated she did not go to many activities because she cannot see well. The resident indicated she went to music programs and one time went and heard a preacher. The resident indicated she had been to 1-2 activities this month and indicated she had been at the facility for 2 months and was excited to go home soon. Interview with the Activity Director on 7/31/16 at 1:15 p.m. indicated Resident (HH) prefers musical activities due to her vision problem. The Activity Director indicated staff go door to door and invite residents to activities. Further interview indicated the facility does an "Activities Evaluation" for residents. On 7/31/16 at 1:45 p.m. review of Resident (HH) Activity Evaluation indicated activity pursuits that were very important to her included Current events and News, Educational Programs, Exercise, Family/Friends Visits, Music, Radio, Religious Services, Television and Walking. The Activity Director was asked to provide the participation record for Resident (HH) for the month of July, 2016. Review of the record indicated the resident had attended music 3 times, and had "television" marked every day.			

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	Further review of the resident's clinical record indicated the facility had not done an "Activity" Plan of Care for this resident to ensure the resident's activity needs were being implemented to her unique needs and to ensure measurable goals were established and interventions and activities were provided to meet her activity needs. This federal tag is related to Complaint: IN00205568 3.1-33(a)			
F 0514 SS=E Bldg. 00	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE 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. 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. Based on record review and interview, the facility failed to ensure electronic medical records were complete and	F 0514	**F-514** It is the practice of this facility to ensure the highest quality of care is afforded our	08/30/2016

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	accurate for documentation of showers given for 26 residents (A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, and AA) in a sample of 57 resident records reviewed. Findings include: On 7/30/16 at 10:45 a.m. review of the electronic documentation for resident showers indicated several resident records with gaps in documentation for showers having been given. Review of the records indicated the following: Resident (A)-No documentation of a shower being given from July 17-29, 2016 Resident (B)-No documentation of a shower being given from July 14-21, 2016 Resident (C)-No documentation of a shower being given from July 8-24, 2016 Resident (D)-No documentation of a shower being given from July 15-23, 2016 Resident (E)-No documentation of a shower being given from July 16-30,		residents. Consistent with this practice, the following has been done: *The corrective action taken for the residents found to have been affected by the deficient practice was:* Residents A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, and AA had no negative outcome to alleged deficient practice. *The corrective action taken for those residents having the potential to be affected by the same deficient practice is:* Other residents have the potential to be affected therefore Nursing administration completed an audit of flow sheets for accurate documentation of showers. No other residents had in accurate documentation related to receiving showers. *The measures put into place and a systemic change made to ensure the deficient practice does not recur is:* In-servicing was completed on August 10,206 by the DON to licensed and certified nursing staff to include the use and documentation of a shower sheet, as well as documenting on the electronic adl flow record, in the case of not being able to document electronically staff will document showers and adl care on paper, showers to be given within 24 hours of admission unless contraindicated, Social Service to set up shower schedules per residents	

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	2016 Resident (F)-No documentation of a shower being given from July 7-19 and July 21-29, 2016 Resident (G)-No documentation of a shower being given from July 10-19, 2016 Resident (H)-No documentation of a shower being given from July 8-14 and July 20-28, 2016 Resident (I)-No documentation of a shower being given from July 15-24, 2016 Resident (J)-No documentation of a shower being given from July 9-19, 2016 Resident (K)-No documentation of a shower being given from July 13-18 and July 20-26, 2016 Resident (L)-No documentation of a shower being given from July 1-17 and July 19-30, 2016 Resident (M)-No documentation of a shower being given from July 3-11 and July 19-25, 2016 Resident (N)-No documentation of a		preference for a minimum of 2 times weekly and schedule to be on the care directives for staff knowledge. *To ensure the deficient practice does not recur, the monitoring system established is:* Nursing administration and or designee will audit 10 electronic records weekly x 8 weeks, then 5 electronic records x 8 weeks, then 3 electronic records x 8 weeks to assure documentation compliance for showers. In the event the staff is unable to chart electronically for any reason the records will be audited for paper charting. The DON/Designee will interview 3 alert and oriented residents weekly to assure showers are being completed x 90 days. Results will be presented to the performance improvement committee and will determine the need for further audits.	

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	shower being given from July 9-15 and July 16-30, 2016 Resident (O)-No documentation of a shower being given from July 5-25, 2016 Resident (P)-No documentation of a shower being given from July 18-30, 2016 Resident (Q)-No documentation of a shower being given from July 10-22, 2016 Resident (R)-No documentation of a shower being given from July 4-17 and July 25-30, 2016 Resident (S)-No documentation of a shower being given from July 10-30, 2016 Resident (T)-No documentation of a shower being given from July 18-25 and July 26-30, 2016 Resident (U)-No documentation of a shower being given from July 17-25, 2016 Resident (V)-No documentation of a shower being given from July 12-18 and July 19-30, 2016			

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	Resident (W)-No documentation of a shower being given from July 13-24, 2016 Resident (X)-No documentation of a shower being given from July 2-12 and July 20-29, 2016 Resident (Y)-No documentation of a shower being given from July 14-30, 2016 Interview with Nursing Staff #1, on 7/30/16 at 2:00 p.m., indicated nursing staff were concerned who was getting showers timely. Staff #1 indicated the facility was changing the shower days for residents and had just been writing on the daily sheets who was to get a shower. Staff #1 indicated concern there were residents who had missed getting their showers. Interview with Resident (AA) on 7/31/16 at 10:00 a.m. indicated they had not received a shower for 10 days. Resident (AA) indicated they had gotten a shower today and did not know why it had been so long. Interview with the Director of Nursing (DON), on 7/31/16 at 11:00 a.m., indicated the previous DON had walked out of the building about 3 weeks ago.			

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	The present DON indicated they were trying to revamp the shower schedules and had been listing the daily showers on the assignment sheets. Further interview indicated the CNA'S (certified nursing assistants) used tablets and the wall mounted kiosks to document resident care and sometimes the tablets just "freeze" and they cannot document. On 7/31/16 at 1:00 p.m. review of the facility policy "Documentation/Flowsheets-CNA", with a revision date of 4/13, indicated "charting must be accurate and complete." This Federal tag is related to Complaint: IN0205568. 3.1-50(a)(1) 3.1-50(a)(2)			