

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155473	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2015
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NAME OF PROVIDER OR SUPPLIER CHALET VILLAGE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1065 PARKWAY ST BERNE, IN 46711
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00183291 and IN00184193.</p> <p>Complaint IN00183291 Substantiated. Federal/ State deficiencies related to the allegations are cited at F244.</p> <p>Complaint IN00184193 Substantiated. Federal/ State deficiencies related to the allegations are cited at F244, F282, and F441.</p> <p>Survey dates: October 26, and 27, 2015</p> <p>Facility number: 000546 Provider number: 155473 AIM number: 100267370</p> <p>Census bed type: SNF/NF: 31 Total: 31</p> <p>Census payor type: Medicare: 2 Medicaid: 28 Other: 1 Total: 31</p> <p>Sample: 11</p>	F 0000	Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies This Plan of Correction is prepared and submitted because of requirements under State and Federal law Please accept this plan of correction as our credible allegation of compliance	

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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F 0244 SS=E Bldg. 00	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed on October 30, 2015 by 17934.</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. Based on observation, interview, and record review, the facility failed to ensure resident council concerns regarding slow call light response were resolved for 4 of 11 residents reviewed for call light promptness in a sample of 11. (Resident #R, Resident #S, Resident #T, and Resident #U)</p> <p>Findings include:</p> <p>In an interview on 10-26-2015 at 10:24 AM, the family of Resident #S indicated "call lights are answered very slowly. She</p>	F 0244	<p>1. The call lights are currently being answered timely for Residents #R, #S, #T, and #U. It is the goal of the facility to act on resident concerns voiced via residents meetings or otherwise. The affected residents were not identified within the business minutes listed, thus, the following corrective actions will be taken, applicable to all residents.</p> <p>2. All residents have the potential to be affected. Call light monitoring is being conducted by the facility and the call lights are being answered in a timely manner.</p> <p>3. All staff have been</p>	11/26/2015

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	<p>has to wait a long time."</p> <p>In an interview on 10-26-2015 at 10:45 AM, Resident #T indicated the staff "doesn't answer call lights very quickly."</p> <p>In an interview on 10-26-2015 at 11:52 AM, Resident # R indicated "call lights are answered very slowly."</p> <p>In an interview on 10-26-2015 at 12:06 PM, Resident #U indicated the staff "were slow at answering call lights".</p> <p>In an observation on 10-26-2015 at 11:29 AM, the call light for room number 210 was activated. At 11:37 AM, CNA #1 walked by the call light and did not attend to the resident. At 11:39 AM, CNA #2 entered the room, did not turn off the light, and did not address the resident needs. At 11:41 AM, CNA #3 entered the room, and attended to the resident needs.</p> <p>A review of Resident Council Minutes indicated the following: The notes for the meeting dated 7-28-2015 indicated 4 residents had a concern about call lights not being answered in a timely manner. The notes for the meeting dated 8-27-2015 indicated 2 residents had a concern about call lights not being answered in a timely manner. The notes</p>		<p>re-educatedon timely call light response. The staffmember responsible for logging concerns voiced during resident council meetingshas been re-educated to record concern, gather as much detail as possible aboutthe concern including involved staff member/s, applicable shifts, etc, and toalert the Administrator and DON of specific concerns immediately following themeeeting in an effort to initiate investigation and/or intervention in a timelymanner. This will allow follow up withthe specific resident voicing the concern. Resident Interview forms have been initiated.</p> <p>4.As a means of quality assurance, and in an effort to ensure a sufficient amountof staff is present, the administrator or designee will complete at least 2resident interviews daily on scheduled days of work specific to staffavailability and responsiveness to care needs (i.e., call light response) fortwo weeks, then 3 resident interviews weekly for four weeks, then 2 residentinterviews weekly. Should a concern benoted, immediate corrective action will occur. Results of these interviews, concerns, and any corrective actions willbe discussed during the facility's QA meetings on an ongoing basis for aminimum of 6 months and the plan adjusted if indicated.</p> <p>5.11-26-15</p>		

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F 0282 SS=D Bldg. 00	<p>indicated the "call light response is upward of 20 minutes". The notes for the meeting dated 9-24-2015 indicated "it takes a long time for staff to answer the call lights".</p> <p>In an interview on 10-27-2015 at 11:59 AM, the Social Services Director indicated concerns voiced by the resident council were to be addressed in a timely manner.</p> <p>This Federal tag is related to Complaint IN00183291, and Complaint IN00184193.</p> <p>3.1-3(I)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to ensure a treatment plan was followed for 1 of 3 residents with treatment plans in a sample of 11. (Resident #S)</p>	F 0282	<p>1.Resident #S did not experience any negativeoutcomes related to this alleged deficient practice. The physician for Resident #S was notified.LPN #4 and RN #1 were re-educated concerning transcription, documentation andfollowing treatment plans.</p>	11/26/2015

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	<p>Findings include:</p> <p>On 10-06-2015, A physician's order, timed for 1908 (7:08 PM), was received for Resident #S to "leave scalp dressing on for 24 hours".</p> <p>A review of Resident #S's Treatment Administration Record dated 10-2015 indicated Resident #S's dressing was in place on 10-6, but there was no documentation the dressing was in place on 10-7.</p> <p>A review of Resident #S's Nurse's notes dated 10-6-2015 at 9 PM, indicated Resident #S returned to the facility with "new orders to keep Kerlix (a gauze dressing) in place on the scalp for 24 hours". There were no further Nurse's notes to indicate the dressing had been removed, or checked, or Resident #S had refused to continue to wear the dressing.</p> <p>In an interview on 10-26-2015 at 1:48 PM, RN #5 indicated she could not recall the dressing being on, and could not recall why the dressing was off, but if the resident refused the dressing, it would be documented on the Treatment Record.</p> <p>In an interview on 10-27-2015 at 12:15 PM, LPN #4 indicated if the dressing was on, it should have been charted. LPN #4</p>		<p>2.All residents have the potential to beaffected. The treatment records for allresidents were reviewed to assure treatment plans transcribed, documented andfollowed per treatment plan. The primary care physician was notified ifindicated.</p> <p>3.The facility's policies for physician's ordersand documentation were reviewed and no changes were indicated. Nursing staff has been re-educated on thesepolicies with a special focus on transcription, documentation and followingtreatment plans. A auditing form hasbeen implemented.</p> <p>4.The DON and/or designee will audit treatmentrecords 5 x weekly on scheduled work days to assure treatment plans arefollowed. Should concerns be noted, immediate corrective action shall be taken. Results of these reviews and any correctiveactions taken will be discussed during the facility's QA meetings on an ongoingbasis for a minimum of 6 months and the plan adjusted if indicated. 5.11-26-15</p>		

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F 0441 SS=E Bldg. 00	<p>further indicated she could not recall the dressing being on.</p> <p>In an interview on 10-27-2015 at 12:32 PM, the Administrator indicated a Behavior Record showed Resident #S had refused the dressing. There was no indication the staff had attempted to reapproach Resident #S regarding applying the dressing.</p> <p>This Federal tag relates to Complaint IN00184193</p> <p>3.1-35(g)(2)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and</p>			

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	<p>corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation and interview, the facility failed to ensure a sanitary environment in 13 of 42 rooms. This had the potential to affect 11 residents residing in the facility.</p> <p>Findings include: During environmental tour on 10-26-2015, at 10:01 AM, the following was observed: On the bathroom floor between rooms 414 and 416, an open package of adult briefs was observed. In the bathroom between room 406 and 408, there were 2 uncovered bedpans on the floor. One bedpan had white colored</p>	F 0441	<p>1. The adult briefs were removed from the floors of the bathrooms between rooms; 414-416, 201-203, 209-211, 210-212. The uncovered bedpans in bathroom between rooms 406-408 with white liquid substance were immediately cleaned and stored properly. The toilet sprayer in room 400 was fixed and placed in proper place for storage. The toilet riser in bathroom between rooms 205-207 was immediately cleaned and sanitized. Staff have been re-educated on infection control not limited to proper storage of briefs, cleaning and storing of bedpans, proper storage of toilet sprayers,</p>	11/26/2015

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	<p>fluid in it.</p> <p>In the bathroom of room 400, the toilet sprayer was in the sink.</p> <p>On the bathroom floor between rooms 201 and 203, 2 open packages of briefs were observed.</p> <p>In the bathroom between room 205 and 207, the toilet riser had a brown substance in a ring around the middle of the toilet riser.</p> <p>On the bathroom floor between rooms 209 and 211, 2 open packages of briefs were observed.</p> <p>On the bathroom floor between rooms 210 and 212, 2 open packages of briefs were observed.</p> <p>In an interview on 10-26-2015 at 10:01 AM, the Housekeeping Supervisor indicated the housekeeper had not been in that area of the building yet. She additionally indicated the rooms and bathrooms were to be cleaned daily, and rooms that were more difficult to keep clean were revisited more than one time per day. The Housekeeping Supervisor further indicated the sprayer in room 400 was used to spray out bedpans, but because it dripped, the staff stored it in the bathroom sink where the resident washed her hands.</p> <p>In an interview on 10-26-2015 at 10:30 AM, CNA #6 indicated the staff were to</p>		<p>andnotification of maintenance of leaking sprayers, and cleaning of toilet risers.</p> <p>2.All Resident rooms have the potential to beaffected. The rooms were checked toassure there were no adult briefs on floors, bedpans are cleaned and storedproperly, toilet sprayers are stored in proper place and are not leaking, andtoilet risers are clean.</p> <p>3.Staff have been re-educated on infection controlnot limited to proper storage of briefs, cleaning and storing of bedpans,proper storage of toilet sprayers, and notification of maintenance of leakingsprayers, and cleaning of toilet risers.</p> <p>4.The Housekeeping Supervisor/Administrator and/or designee will monitor resident rooms daily 5 x / week x 1 month then weeklythereafter to assure proper storage of briefs, cleaning and storing of bedpans,proper storage of toilet sprayers, and notification of maintenance of leakingsprayers, and cleaning of toilet risers. Should concerns be observed, immediatecorrective action will be taken. Results of these reviews and any correctiveactions will be discussed during the facility's QA meetings on an ongoing basisfor a minimum of 6 months and the plan adjusted if indicated.</p> <p>5.11-26-15</p>		

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	store briefs off the floor. This Federal tag relates to Complaint IN00184193. 3.1-18(j)				