

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155208	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/05/2014
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F000000	<p>This visit was for the Investigation of Complaints IN00152254 and IN00152245.</p> <p>Complaint IN00152245 - Substantiated. Federal/state deficiencies related to the allegations are cited at F353.</p> <p>Complaint IN00152254 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: August 4 and 5, 2014.</p> <p>Facility number: 000115 Provider number: 155208 AIM number: 100291080</p> <p>Survey team: Jennifer Carr, RN - TC</p> <p>Census bed type: SNF/NF: 57 Residential: 6 Total: 63</p> <p>Census payor type: Medicare: 6 Medicaid: 48 Other: 9 Total: 63</p> <p>Sample: 4</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. 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. Due to the low scope and severity of this survey findings, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, please feel free to contact me.</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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F000353 SS=E	<p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on August 12, 2014, by Brenda Meredith, R.N.</p> <p>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS</p> <p>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p>			

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	<p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>Based on interview, observation and record review, the facility failed to ensure sufficient nursing staffing was maintained to provide services to the residents which included, but may not be limited to, answering call lights, passing fresh water and providing personal care. This deficient practice affected 3 of 4 residents (Residents A, C and D) reviewed for staffing.</p> <p>Findings include:</p> <p>The Administrator provided the Facility Census on 8/4/2014 at 9:50 a.m., which indicated that the facility census consisted of 57 SNF/NF (Skilled Nursing Facility/Nursing Facility).</p> <p>During a tour of the facility on 8/4/2014 at 11:02 a.m., the following was observed: 1 CNA (Certified Nursing Assistant) and 1 LPN (Licensed Practical Nurse) on wing 2 (17 residents), 1 LPN (passing medications) and 2 CNAs for wing 3 (26 residents), 1 RN (Registered Nurse) and 1 CNA on wing 4 (13 residents).</p> <p>A copy of the master staffing schedule</p>	F000353	<p>F 353: Requires the facility to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <ol style="list-style-type: none"> It is the goal of the facility to provide services to its residents to allow the resident to attain or maintain their highest practicable physical and psychosocial well-being. The affected residents were not identified, thus, the following corrective actions will be taken. In an effort to identify specific concerns/patterns/trends relative to staff availability/response, interviews shall be conducted inquiring of timely response to call lights, staff availability, etc. 	08/20/2014	

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	(RNs, LPNs and CNAs) and a copy of the Hanover Health and Rehab Daily Staffing Sheets (as-worked) for 5/1/2014 through 8/5/2014 were provided by the Director of Nursing (DON) at 5/4/2014 at 11:10 a.m. and she was interviewed at that time. She indicated that the Assistant Director of Nursing (ADON) is responsible for over-seeing the schedule and that there was no policy and procedure related to staffing. When queried as to whether staff have indicated to management that they do not always have enough help to provide care to residents, she indicated, "Staff complains here [indicating the daily staffing sheet for wing 3]. They do not like that [2 CNAs listed]...they have to cover wing 3 and wing 5 [assisted living]. When queried as to whether or not residents, family members or staff have ever reported that residents have had to in soiled linens or briefs or have to wait a long time for toileting assistance, she indicated, "I believe there have been a few complaints, yes." She further indicated that management has addressed the complaints by "trying to put 2 CNAs on night shift [10:00 p.m. - 6:00 a.m.] on [wing] 3." The DON also indicated that		Any specific patterns/trends in times of day, caregivers, etc., shall be addressed. As all residents have the potential to be affected, the following corrective actions have been taken. 3. The facility has placed an ad in the local paper to recruit staff in an effort to reduce the amount of overtime and possible staff burnout. Administration and nursing administration have met to review current acuity and staffing patterns in an effort to ensure staff are best utilized in response to residents' plans of care. Nursing management has been re-educated on assessing the need for a sufficient amount of staff to care for the residents. (See attachment A) Nursing staff shall be addressed in regard to ensuring the correct number of caregivers is secured for resident transfer as per plan of care, timely response to call lights, procedure in response to staff call-ins, and of the need to notify				

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	<p>there is "occasionally" only 1 CNA on wing 3 for night shift, which totals 3 CNAs for 4 wings on night shift. She stated, "It does happen more than we'd like." The DON indicated that wing 2 and wing 4 nurses and CNAs are expected to float between the two units. Wing 3 and wing 5 (Assisted Living) nurses and CNAs are expected to float between the two units. When the DON was queried regarding the scenario of 2 CNAs being required on wing 2 to toilet a resident with dementia requiring a Hoyer lift at the same time 2 CNAs are needed on wing 3 for another resident who requires a 2-person assist for toileting, and the CNA on wing 4 needed lifting help, she indicated, "They would call the nurse and she would go over there....AL [Assisted Living/wing 5] doesn't really need anyone. They're very independent and don't even use their call lights."</p> <p>CNA #4 was interviewed on 8/4/2014 at 11:40 a.m. regarding staffing. She indicated that she frequently works on wing 3 and stated, "We are really understaffed." She indicated that she</p>		<p>administration should unexpected staffing vacancies be such to prohibit the meeting of resident needs per plan of care.</p> <p>4. As a means of quality assurance, and in an effort to ensure a sufficient amount of staff is present, the administrator or designee will complete the staffing PPD daily for 4 weeks, then weekly for four weeks, monthly times two and then quarterly until compliance with ensuring sufficient nursing staff is maintained. (See attachment B). Daily rounds on scheduled days of work will be conducted in an effort to assess sufficiency of staff as evidenced by ability to care for the residents according to their careplans and provide timely response to resident needs. (See attachment C). Results of the rounds, PPD reviews and any additional corrective action taken shall be reported to the Quality Assurance Committee during quarterly</p>		

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	<p>frequently has to change and toilet residents who require 2-3 person assistance on her own. She indicated " I can't leave my residents lay [sic] there when they need changed....We've been understaffed for a year. She indicated that her responsibilities include passing ice and water, filling out menus for residents, toileting, bathing residents, answering call lights, and assisting the nurses. She further indicated, "One [CNA] went home last week and that just left her [CNA #5] and me [CNA #4] to do the whole hall [3]....Friday [8/1/2014] was the first time I've ever seen management help [with staffing/on the floor]."</p> <p>LPN #6 was interviewed 8/4/2014 at 11:55 a.m. and indicated that she works day shift. She indicated "We have mandatory stay-over days. I won't come in early [last part of night shift]...I don't feel like it's safe."</p> <p>CNA # 3 was interviewed on 8/4/2014 at 12:01 p.m. She indicated that she works day shift (6:00 a.m. - 2:00 p.m.) on wings 2 and 3. Regarding staffing, she</p>		<p>meetings and the plan revised (e.g., extended if concerns persist), if warranted.</p> <p>The above corrective action will be completed on or before August 20, 2014.</p>	

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	<p>indicated "It's rough." She indicated that she is not always able to complete all of her assignments because there is not enough help. She indicated that she must bathe residents by herself, and that she must ask the nurse for help transferring before and after. Regarding residents who require assistance with toileting or wear incontinence briefs, she indicated, "There's times when they don't get changed when they need to be." CNA #3 indicated that there are "usually" only 2 CNAs on wing 3 and 1 nurse and 1 CNA on wing 2. She further indicated that there is "sometimes" an Activity Assistant on wing 2. When queried as to whether or not she has time to pass water and ice to residents, she indicated, "I don't have time for water and ice on [wing] 3. On a typical day with 2 aides, no."</p> <p>LPN #7 was interviewed 8/4/2014 at 12:55 p.m. and indicated, "We don't have enough CNAs" and, as a result, residents "sometimes" wait "a long time" in wet briefs or soiled linens to be changed. She further indicated that water and ice do not get passed to residents routinely. She</p>			

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	<p>indicated "with the [number of] staff we have, no. It's not getting done like it should. When you have 2 CNAs trying to answer 6 call lights...they [call lights] take priority."</p> <p>Resident A's clinical record was reviewed on 8/4/2014 at 1:15 p.m. Diagnoses included, but were not limited to, dementia, hypertension, anxiety, non-organic psychosis, and diabetes. The most recent Minimum Data Set (MDS) assessment, dated 6/3/2014, indicated that she required supervision (oversight help only) for bathing and ADL's, and 1 person physical assist for toileting.</p> <p>A review of Resident A's Medication Administration Record (MAR) for May and June, 2014 indicated, "Shower Days Tuesday/Friday 6-2." The May, 2014 flow sheet indicated that Resident A did not receive a bath or shower between 5/13/2014 and 5/20/2014. The flowsheet further indicated that she was incontinent of urine 1-3 times per day between 5/13/2014 and 5/20/2014.</p> <p>A review of the daily sheet for 8/4/2014</p>				

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	<p>indicated that only RN #8 was assigned to wing 2. The space indicating "C" under wing 2 (CNA) was blank. At 1:45 p.m., RN #8 was just coming on duty and was queried as to who the second shift CNA for wing 2 was. She indicated, "[There's] no CNA scheduled. I know they're [management] aware of it. I was just going to call them. Hopefully they'll find someone." She further indicated that she is "sometimes" left alone on wing 2 [without a CNA or other assistance] during her shift, "but not for whole shift."</p> <p>CNA #3 was interviewed again on 8/4/14 at 1:50 p.m. and indicated that her shift was ending at 2:00 p.m. but that there was no staff to relieve her and no CNA scheduled for wing 2. She indicated, "I think there's someone coming in after 6 [p.m.]. We all have our star days, where we're supposed to stay over. This happens all the time."</p> <p>CNA #1 was interviewed via phone on 8/4/2014 at 6:05 p.m. She indicated that there are "usually only 2 [CNAs] on [wing] 3, 1 [CNA] on [wing] 2, and 1 [CNA] on [wing] 4 [on day shift]." She</p>			

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	further indicated there is 1 nurse on wing 3 and a QMA on wing 4 to cover the entire facility "a lot" and that it is not uncommon to have 2 CNAs for the whole facility at night. She further indicated, "There's never a nurse on wing 2 on night shift." She indicated that residents do not receive ice and/or water routinely due to staffing and that it does not get done "quite a bit on day shift." She stated, "If we have 3 aides [CNAs] on wing 3, most of the time we can get it done, but most of the time we don't have 3 [CNAs]...residents complain when we come in in the morning that they didn't get water at all on nights." CNA #1 indicated, "Showers don't get done [due to staffing]....At 6:30 a.m. when there's only 1 aide [CNA] on wing 2 and 4 and you need to use the Hoyer lift to toilet or move or turn a resident, you have to wait for a nurse...a lot of times they're not on the floor....We have to stay on the floor [after the shift ends] and get stuck working over 16 hours. She further indicated that "most" staff have routine "star" days, which indicate "mandatory overtime." She further indicated, "They [management] used to offer us a candy						

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	<p>bar or a gift card, and we used to get paid a dollar more an hour [to fill staffing needs/stay over]. They don't do that any more and they stopped paying the shift differential for evenings." CNA #1 indicated that Nursing Orders/CNA duties are listed and documented on Medication Administration Record (MAR) sheets.</p> <p>Resident D was interviewed in his private room on (wing number) on 8/5/2014 at 9:55 a.m. A strong odor of urine was observed. He indicated "There's not enough aides to go around to take care of the patients they need to. A lot of times I've seen just one aide on this hall by itself [sic] on day shift, 3 aides on day shift, 2 aides on day shift.... We [sic] don't get the care I need when I should.... There've been times I've had to wait 45 minutes to an hour [for someone to answer his call light]. Resident D indicated, "I'm wet right now and I'm waiting on a bed bath. I usually get one between now and 11:30." Resident D indicated that he had been incontinent since "around breakfast time," but did not use his call light to ask for assistance,</p>						

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	<p>stating, "No point...they can't come. They wouldn't have had enough time to do that and pass [breakfast] trays....I'm used to it [sitting in urine]." He further indicated, "When they know State's [ISDH] gonna [sic] be here, they crawl out of the wood work so too speak." Regarding staffing, he indicated, "I've been here 5 years and this is the worst I've ever seen it [staffing]." He further indicated that residents have complained to management about staffing, but "It doesn't do any good...you might as well be talking to that clock."</p> <p>Resident D's record was reviewed on 8/5/2014 at 10:40 a.m. Diagnoses included, but were not limited to, spinabifida, psoriasis, depression, and hypertension.</p> <p>Resident D's 7/3/2014 MDS assessment indicated a Brief Interview for Mental Status (BIMS) score of 15; which indicated he was cognitively intact. Bed mobility, toileting, and transferring all required "2 or more person assist." Resident D's record indicated that he had a history of pressure ulcers, but that his</p>			

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	<p>skin was currently intact.</p> <p>A review of Resident D's July, 2014 Medication Administration Record (MAR) for June and July, 2014 indicated, "Shower Days: Daily BB [bed bath]. 6-2." The flowsheets indicated that he received 14 bed baths in June, 2014 and 14 bed baths in July, 2014.</p> <p>Resident C's clinical record was reviewed on 8/5/2014 at 10:50 a.m. Diagnoses included, but were not limited to, progressive multiple sclerosis with weakness, chronic urinary tract infections (UTIs), chronic lower extremity edema, history of deep vein thrombosis (DVT), history of urosepsis, and history of pressure ulcers.</p> <p>Resident C's most recent MDS assessment, dated 7/1/2014, indicated a BIMS score of 15, cognitively intact. Functional Status indicated that he was a 2+ persons physical assist for bed mobility, transfer, dressing and toilet use. Functional Status further indicated that he required "total dependence" for bathing. MDS Functional Limitation in</p>			

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	<p>Range of Motion indicated lower extremity impairment on both sides. MDS further indicated that he was "always incontinent" of bowel and bladder. Special Treatments, Procedures, and Programs indicated that he received passive range of motion for at least 15 minutes per day via a restorative nursing program 2 of 7 review days.</p> <p>Activities of Daily Living/CNA Medication Administration Record (MAR) flow sheets for Resident C for May, June and July, 2014 included, in part, "Shower Days Mon (Monday) / Th (Thursday) 2-10....Trim nails on shower days....Do full rang of motion daily....Clean W/C [wheelchair] Q [every] Mon." MARs indicated the that Resident C received a shower 3 of 31 days in May, 3 of 30 days in June and 6 of 31 days in July. MARs indicated Resident C had his nails trimmed on 5/1 and 7/10. MARs indicated that Resident C received range of motion 8 of 31 days in May, 1 of 30 days in June and 11 of 31 days in July.</p> <p>Resident C was interviewed on 8/5/2014</p>				

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(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	
	<p>at 11:04 a.m. and was observed to have contracture's of all 4 extremities and over-grown finger nails. He was observed to be clean and did not voice any concerns regarding staffing.</p> <p>LPN #11 was interviewed on 8/5/2014 at 11:10 a.m. She indicated, "I worked night shift for 4 months. There's only 1 nurse and 1 CNA. She further indicated there was only 1 CNA on wing 3 during day shift "2-3 weeks ago."</p> <p>LPN #10, who normally works day shift on wing 2, was interviewed on 8/5/2014 at 11:35 a.m. She indicated, "Most of the time there's just one aide [CNA] here and one nurse for days and evenings. If the activity person is a CNA too, they can help, but if not they can't...I was coming in every day at 4 a.m. to cover every day, finally I stopped. It's not safe. I don't leave for break [lunch] because it's not safe. She indicated there is "no time for showers." She further indicated, "We have a lot of 2 people assist and transfer." Of the 18 residents on the unit, LPN #10 identified 4 who required a Hoyer lift, an additional 6 who required 2 - 2+ assist,</p>				

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	<p>and an additional 2 who are "occasionally" 2 person assist.</p> <p>The DON provided a copy of an alphabetical listing of residents which indicated residents who required a Hoyer lift and residents who required at least 2 person assistance for toileting, bathing and transfers on 8/5/2014 at 1:40 p.m. The document indicated that 15 residents required a Hoyer lift and an additional 15 required at least 2 person assistance.</p> <p>The ADON and DON were interviewed regarding staffing on 8/5/2014 at 2:40 p.m. Both confirmed that the facility did not have a policy and procedure related to staffing. The ADON indicated, "I do not feel like we're short staffed." She further denied that any staff have voiced concerns about not having enough help to provide care for the residents. The ADON indicated that there are no active recruitment incentives, and stated, "We try to hire people who we need to replace....If I know someone wants to move to another shift, then I'll try to find someone to replace them first....I would like another night shift aide." When</p>			

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	<p>queried as to how she determines how much staff to schedule for each unit, she indicated, "I try to keep certain number in mind for what I schedule for each day...I try to stick with that number and that's how I get needs [for daily staffing sheets]. I generally like for that to be a bit higher than what we need." When asked how she determined how much staff was required on each unit, she indicated, "It's just what it's always been. I've done it for quite a while...what do you mean?... We go by patient needs." When asked if there was a minimum number of staff required for each unit based on an average or actual census, she indicated, "I don't like to fluctuate off the master." The ADON was asked to provide a blank Daily Staffing Sheet on which to indicated the number of staff required for each unit for each shift. She indicated, "It's this [pointing to the spaces indicating "N" for nurse and "C" for CNA] under each shift for each unit." The daily staffing sheets indicated the following:</p> <ul style="list-style-type: none"> - Day Shift: 1 nurse and 2 CNAs on wing 2; 2 nurses and 3 CNAs on wing 3; 1 nurse and 2 CNAs on wing 4. Wing 5 			

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	<p>(Assisted Living) was not indicated on the Daily Staffing Sheet and the ADON confirmed that wing 3 staff are to float to wing 5.</p> <p>- Evening Shift: 1 nurse and 1 CNA on wing 2; 2 nurses and 3 CNAs on wing 3; 1 nurse and 1 CNA on wing 4. Wing 5 was not indicated on the Daily Staffing Sheet and the ADON confirmed that wing 3 staff are to float to wing 5.</p> <p>- Night Shift: 2 CNAs for wing 2 (no nurse); 1 nurse and 2 CNAs for wing 3; 1 nurse for wing 4. Wing 5 was not indicated on the Daily Staffing Sheet and the ADON confirmed that wing 3 staff are to float to wing 5.</p> <p>When directed to the nursing and CNA shifts listed as "needs" on the master schedule (129 across all shifts in May, 2014, 167 across all shifts in June, 2014, 213 across all shifts in July, 2014 and 52 across all shifts between August 1 through August 9, 2014) and queried as to whether or not that seemed like a lot of needs, the ADON did not respond. The DON nodded her head up and down to indicate, "Yes."</p> <p>The Administrator joined the conference room at 3:15 p.m. and indicated that she</p>			

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	<p>did not feel the facility did not have enough staff, stating, "I feel we fill the needs we have. We are looking for some CNAs... We incentive by negotiating...sometimes we do gift cards...or we give them a shift off. The administrator provided a copy of an ad for nurses and CNAs currently running in the local paper.</p> <p>This Federal tag relates to Complaint IN00152245.</p> <p>3.1-17(a) 3.1-17(b)</p>			