

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155233	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/17/2012
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NAME OF PROVIDER OR SUPPLIER WATERS OF BATESVILLE THE	STREET ADDRESS, CITY, STATE, ZIP CODE 958 E HWY 46 BATESVILLE, IN 47006
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F0000	<p>This visit was for the Investigation of Complaint IN00114686.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey</p> <p>Complaint IN00114686 -- Substantiated. Federal/State deficiencies related to the allegations are cited at F242, F282, F312 and F353.</p> <p>Survey dates: August 13, 14, 15, 16, 17, and 20, 2012.</p> <p>Facility number: 00138 Provider number: 155233 AIM number: 100266500</p> <p>Survey team: Penny Marlatt, RN, TC Cheryl Fielden, RN Jill Ross, RN Diana Sidell, RN Gloria Reisert, MSW</p> <p>Census bed type: SNF/NF: 67 Total: 67</p> <p>Census payor type: Medicare: 4</p>	F0000	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.	

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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	<p>Medicaid: 45 Other: 18 Total: 67</p> <p>Sample: 5</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on August 27, 2012 by Bev Faulkner, RN</p>				

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F0242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on interview and record review, the facility failed to ensure residents had a choice of bath time, frequency or type of bath, and failed to ensure residents had a choice of bed time for 2 of 5 residents reviewed for bathing. (Residents #D and #C)</p> <p>Findings include:</p> <p>1. Resident #D's record was reviewed on 8/15/12 at 2:11 p.m. The record indicated Resident #D was admitted with diagnoses that included, but were not limited to, atrial fibrillation, high blood pressure, arthritis, dementia, and seizure disorder.</p> <p>An annual Minimum Data Set assessment, dated 5/29/12, indicated Resident #D was independent, decisions consistent, reasonable in cognitive skills for daily decision making.</p>	F0242	<p>F 242 Self-determination & right to make choices</p> <p>It is the intent of this facility to ensure the resident has the right to choose their bathing time, frequency, and type of bath, and to choose their bedtime.</p> <p>1. Actions Taken:</p> <p>a. In regards to Resident D, a care plan conference was held allowing the resident to verbalize preferences in regards to an am bath schedule, frequency, and type of bath her preferred. The resident also identified his preferred bedtime. These choices will be honored to every extent possible.</p> <p>b. In regards to Resident C, a care plan conference was scheduled with the spouse. Upon conclusion of this meeting, we will honor preferences to every extent possible.</p>	09/19/2012			

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	<p>An activity progress note, dated 5/29/11, indicated a summary for: "Res (resident) enjoys snacking, choosing bedtime...choose method of bathing - somewhat important, choose bedtime - very important."</p> <p>During an interview on 8/13/12 at 2:24 p.m., Resident #D indicated he didn't get to choose how many times a week he takes a bath or shower, he has no choice, they give him a shower with a spray thing and it's either too cold or too hot. He indicated he would like a tub bath, but figures he doesn't have much of a choice, he usually gets a shower, and hasn't seen a tub. Resident #D said: "It is set up by them, they don't give me a choice." He also indicated he could not choose whether he takes a shower, tub, or bed bath. He said he would "like to go to bed about 8:30 p.m., and sometimes it is 10:00 p.m. before he gets to bed, they only have 2 or 3 staff assisting him to bed."</p> <p>On 8/17/12 at 10:56 a.m., Resident #D indicated he told the CNA's he wanted a shower in the morning, but they told him they start at the end of the hallway and work toward the other end.</p>		<p><u>2. Others Identified:</u></p> <p>100% audit of the current residents was conducted and no other residents were identified.</p> <p>-</p> <p><u>3. Measures Taken:</u></p> <p>a. The resident choice for bath time, frequency, type and bedtime will be reviewed with each new resident/representative at the time of admission, and during the Care Conference process.</p> <p>b. Staff was in-serviced on Resident Rights with emphasis on choices.</p> <p><u>4. How Monitored</u></p> <p>a. The DON/Designee will audit all completed Bathing & Bedtime Choices forms for all new admissions to ensure accuracy of care plans and schedules. This will be an on-going process.</p> <p>b. The CEO/Designee will review new admission preferences and bathing schedules as completed; then monthly with the QA Committee for two quarters, and will review quarterly with the Medical Director, for two quarters,</p>		

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	<p>On 8/17/12 at 11:00 a.m., CNA #20 indicated in the shower book that Resident #D was showered on Monday and Thursday on the 2 p.m. to 10 p.m. shift.</p> <p>2. Resident #C's clinical record was reviewed on 8/13/12 at 10:10 a.m. His diagnoses included, but were not limited to Alzheimer's disease, hyperlipidemia and hypertension.</p> <p>An interview on 8/13/12 at 4:18 p.m., with Resident #C's spouse indicated the normal routine at home for Resident #C was to shower every morning. A choice of when to bathe and what type of bathing was not offered to the resident or the resident's spouse, Resident #C "must be worked in for a shower." Resident #C's usual routine at home was to go to bed at 9:30 p.m. to 10:00 p.m.; a choice of bedtime was not offered to the resident or spouse.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 4/10/12, indicated that it was somewhat important for Resident #C to choose between a tub, shower, bed, or sponge bath and to also choose a bedtime.</p>		<p>to determine if further action is needed.</p> <p><u>5.</u> This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 09-19-12.</p>				

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	<p>A care plan titled "Self care deficit," initiated on 6/20/12, indicated the "problem rt (related to) dementia, goal-clean, odor free & approp (appropriately) dressed qd (every day), approach-daily partial bath, shower/shampoo 2 x (times) weekly & prn (as needed), offer assist prn, refer to therapy as indicated, notify family & MD of changes."</p> <p>An interview with CNA #11 on 8-14-12 at 11:20 a.m., indicated the routine for Resident #C in the morning was to "clean [Resident #C] up, wash face and hands, make sure [Resident #C] is clean and changed, help cue to wash, showers are 2 X a week, all residents are on a schedule. Wednesday and Saturday are [Resident #C's] days to shower. Shower sheets are filled out." The resident is "toileted every 2 hours" and goes to bed when the staff get [Resident #C] ready for bed.</p> <p>Shower sheets for Resident #C were provided on 8/17/12 at 11:00 a.m., by the Director of Nurses (DON). A review of the shower sheets titled "CNA Bath Checklist" indicate bathing on 8/15/12 at 7:20 p.m. and on 8/11/12 at 9:30 p.m.</p> <p>In an interview with the Social Service Director on 8-17-12 at 8:20 a.m.,</p>			
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	<p>regarding choices on bathing and bedtime, she indicated, "Staff will ask the resident 'when do you like to shower?', 'do you prefer male or female to help you?,' and offer a bed bath if they do not like shower...info from daily shower sheets are kept by the MDS coordinator. We try to honor ADL's (activities of daily living), we accommodate as best as can. For bedtime staff will ask 'what time do you normally go to bed?'"</p> <p>This Federal tag relates to Complaint IN00114686.</p> <p>3.1-3(u)(1) 3.1-3(u)(3)</p>			

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>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 care plans were followed as written for bathing and for gradual drug reductions for 2 of 5 residents reviewed for care plans (Resident #A and #E)</p> <p>Findings include:</p> <p>1. Resident #A's clinical record was reviewed on 8-17-12 at 9:05 a.m. It indicated he was admitted with diagnoses that included, but were not limited to diabetes, osteomyelitis, a wound to the right heel that had not healed for over 1 year and had an amputation to a big toe several years previously. In interview with the resident on 8-17-12 at 9:59 a.m., he indicated he could not bear any weight onto the right leg until late July 2012.</p> <p>In interview with Resident #A on 8-17-12 at 9:59 a.m., he indicated when he was admitted to the facility in May 2012, he indicated to the staff that he wished to have a daily bed</p>	F0282	<p><u>F 282 Services by qualified persons as per the Care Plan</u></p> <p>It is the intent of this facility to ensure the care plans are followed as written for bathing and for gradual dose reductions.</p> <p><u>1. Actions Taken:</u></p> <p>a. In regards to Resident A, a care plan conference was held allowing the resident to verbalize preferences in regards to an am bath schedule, frequency, and type of bath preferred. The resident also identified his preferred bedtime. These choices will be honored to every extent possible.</p> <p>b. In regards to Resident E, a review of any antipsychotic medications, antidepressants, and/or anti-anxiety medications will be completed by the Social Services Director in regards to behavior tracking, effectiveness of medications, and need for gradual dose reduction. Upon</p>	09/19/2012	

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	<p>bath. He indicated he was told that the facility did not have adequate staff to be able to do that, but was scheduled for twice weekly complete bed baths. He indicated he had his surgeon write an order for daily bed baths. He indicated after the order was written, he had several occasions in which he went for 2 days before he received a bath. He could not provide specific dates of those occurrences. The physician's order for daily bed baths was documented in the resident's clinical record on 6-27-12.</p> <p>On 8-20-12 at 8:50 a.m., the Director of Nursing provided a copy of a care plan, dated 6-5-12, which indicated the problem of "ADL assist required RT [related to sign for decreased] mobility [sign for secondary to] osteomyelitis." Approaches indicated for this problem included, "Daily bed baths."</p> <p>In interview with RN #13 on 8-17-12 at 10:57 a.m., she indicated the aide's pocket sheet did have him listed as a daily bed bath. She also indicated the bathing documentation was indicated on "shower sheets" which are filed in a separate location. She indicated, "He did ask us about the daily bath when he came in and it was implemented right away. I don't</p>		<p>completion of this review, this will be reviewed with the physician for possible reduction and/or discontinuation.</p> <p>2. Others Identified:</p> <p>a. A 100% audit of the current residents was conducted in regards to bathing preferences, and no other residents were identified.</p> <p>b. A 100% audit of all other residents will be completed. This would have the potential to affect any resident taking antipsychotic, antidepressants, and/or antianxiety medications.</p> <p>-</p> <p>3. Measures Taken:</p> <p>a. The DON/Designee will review all completed Bathing & Bedtime Choices forms for all new admissions in regards to preferences, schedules, and care plans. This will be an on-going process.</p> <p>b. An in-service for nursing staff was conducted regarding the importance of following a physician's order and the Care</p>				

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	<p>recall that being an issue. He stopped me one morning and asked about getting a daily bed bath, the following week after he was admitted. That was implemented right away."</p> <p>RN #13 provided copies of "CNA Bath Checklist" also known as "shower sheets" on 8-17-12 at 12:43 p.m., for dates 6-22-12, 7-3-12 and 7-9-12. She indicated, "I know this isn't all you had asked for, but this is all I could find was these three dates." Additional documentation of Resident #A's daily bed baths were included on "Activities of Daily Living Documentation" for June, July and August, 2012. These documents indicated this resident received baths on 6-2-12, 6-7-12, 6-9-12, 6-23-12, 6-26-12, 7-1-12, 7-3-12, 7-4-12, 7-5-12 and 7-6-12. No bathing information was documented for August 2012. These two documents indicated in the 68 days the resident was in the facility, he had documented baths for 12 days.</p>		<p>Plan interventions, and the documentation thereof.</p> <p>c. An in-service for Social Services will be conducted regarding the Behavior Management/Monitoring, Psychotropic medication review/reduction per the Policy and the Care Plan; and pharmacy recommendations and the follow-up thereof.</p> <p>-</p> <p>4. How Monitored:</p> <p>a. Don/Designee will monitor/review the shower sheets/ADL grid 5 days a week for 2 weeks, then the same for 3 days a week for 3 weeks, and then the same for 1 day a week for 6 weeks.</p> <p>b. The SSD/Designee will monitor all psychotropic medications per the Behavior Management Psychotropic Medication Policy & Procedure. The Psychotropic Medication Review form will be completed by the SSD per the MDS schedule and reviewed in the weekly Persons at Risk (PAR) meeting. This will be an on-going process.</p> <p>c. CEO/Designee will review the results with the QA committee monthly and quarterly with the Medical Director, for four quarters, to determine if further</p>		

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	<p>2. Review of the clinical record for Resident #E on 8/13/2012 at 3:05 p.m., indicated the resident had diagnoses which included, but were not limited to: dementia, depression and history of cerebral vascular accident.</p> <p>Review of the August 2012 Medication Administration Record indicated the resident had an order for Fluoxetine (Paxil - an antidepressant) 20 mg (milligrams) QD (daily) dated 8/25/2011.</p> <p>A care plan initiated on 5/18/2011 for "Depression AEB [as exhibited by] sad facial expressions" indicated a new approach was added on 9/22/2011 - "Attempt gradual dose reductions routinely and PRN."</p> <p>Documentation was lacking of the care plan having been followed in that no gradual dose reductions had been attempted since the medication had</p>		<p>action is needed.</p> <p><u>5.</u> This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 09-19-12.</p>		

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	<p>been started on 8/25/2011.</p> <p>During an interview with the Social Worker at 10:25 a.m. on 8/15/2012, she indicated no dose reductions have been attempted.</p> <p>This Federal tag relates to Complaint IN00114686.</p> <p>3.1-35(g)(2)</p>			

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F0312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on interview and record review, the facility failed to provide daily bed baths as ordered and care planned for 1 of 5 residents reviewed for bathing who had been assessed as extensive assistance for bathing. (Resident #A)</p> <p>Findings include:</p> <p>Resident #A's clinical record was reviewed on 8-17-12 at 9:05 a.m. It indicated he was admitted with diagnoses that included, but were not limited to diabetes, osteomyelitis, a wound to the right heel that had not healed for over 1 year and had an amputation to a big toe several years previously.</p> <p>Review of the Admission Minimum Data Set (MDS) assessment, dated 6-5-12, indicated Resident #A required limited assistance of one person for hygiene and extensive assistance of one person for bathing. This MDS indicated he was independent, decisions consistent,</p>	F0312	<p>F 312 ADL care provided for dependent residents</p> <p>It is the intent of this facility to ensure a physicians' order and a care plan for a daily bed bath are followed.</p> <p>-</p> <p>1. Actions Taken:</p> <p>a. In regards to Resident A, a care plan conference was held allowing the resident to verbalize preferences in regards to an am bath schedule, frequency, and type of bath preferred. The resident also identified his preferred bedtime. These choices will be honored to every extent possible.</p> <p>2. Others Identified:</p> <p>a. A 100% audit of the current residents was conducted in regards to bathing preferences, and no other residents were identified.</p>	09/19/2012	

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	<p>and reasonable in cognitive skills for daily decision making.</p> <p>In interview with Resident #A on 8-17-12 at 9:59 a.m., he indicated he could not bear any weight on the right leg until late July 2012. He indicated when he was admitted to the facility in May 2012, he indicated to the staff that he wished to have a daily bed bath. He indicated he was told that the facility did not have adequate staff to be able to do that, but was scheduled for twice weekly complete bed baths. He indicated he had his surgeon write an order for daily bed baths. He indicated after the order was written, he had several occasions in which he went for 2 days before he received a bath. He could not provide specific dates of those occurrences. The physician's order for daily bed baths was documented in the resident's clinical record on 6-27-12.</p> <p>In interview with RN #13 on 8-17-12 at 10:57 a.m., she indicated the aide's pocket sheet did have him listed as a daily bed bath. She also indicated the bathing documentation was indicated on "shower sheets" which are filed in a separate location. She indicated, "He did ask us about the daily bath when he came in and it</p>		<p>-</p> <p>3. Measures Taken:</p> <p>a. The DON/Designee will review all completed Bathing & Bedtime Choices forms for all new admissions in regards to preferences, schedules, and care plans. This will be an on-going process.</p> <p>b. An in-service for nursing staff was conducted regarding the importance of following a physicians' order and the Care Plan Interventions as listed, and the documentation thereof.</p> <p>4. How Monitored:</p> <p>a. Don/Designee will monitor/review the shower sheets/ADL grid 5 days a week for 2 weeks, then the same for 3 days a week for 3 weeks, and then the same for 1 day a week for 6 weeks.</p> <p>b. CEO/Designee will review the results with the QA committee monthly and quarterly with the Medical Director, for four quarters, to determine if further action is needed.</p> <p>5. This plan of correction constitutes our credible allegation</p>				

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	<p>was implemented right away. I don't recall that being an issue. He stopped me one morning and asked about getting a daily bed bath, the following week after he was admitted. That was implemented right away."</p> <p>RN #13 provided copies of "CNA Bath Checklist" also known as "shower sheets" on 8-17-12 at 12:43 p.m., for dates 6-22-12, 7-3-12 and 7-9-12. She indicated, "I know this isn't all you had asked for, but this is all I could find was these 3 dates." Additional documentation of Resident #A's daily bed baths were included on "Activities of Daily Living Documentation" for June, July and August, 2012. These documents indicated this resident received baths on 6-2-12, 6-7-12, 6-9-12, 6-23-12, 6-26-12, 7-1-12, 7-3-12, 7-4-12, 7-5-12 and 7-6-12. No bathing information was documented for August 2012. These two documents indicated in the 68 days the resident was in the facility, he had documented baths for 12 days.</p> <p>On 8-20-12 at 8:50 a.m., the Director of Nursing provided a copy of a care plan, dated 6-5-12, which indicated the problem of "ADL assist required RT [related to sign for decreased] mobility [sign for secondary to]</p>		of compliance with all regulatory requirements. Our date of compliance is 09-19-12.		

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	<p>osteomyelitis." Approaches indicated for this problem included, "Daily bed baths."</p> <p>This Federal tag relates to Complaint IN00114686.</p> <p>3.1-35(g)(2)</p>			

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F0353 SS=E	<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> <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 and record review, the facility failed to ensure sufficient nursing staffing to attain and/or maintain the highest practical physical, mental and psychosocial well being of the residents. This deficient practice has the potential to adversely affect all 67 residents.</p> <p>Findings include:</p> <p>In interview with CNA #7 on 8-16-12 at 2:39 p.m., she indicated the facility is short staffed "a couple times a</p>	F0353	<p>F 353 Sufficient 24-hr. nursing staff per care plans</p> <p>It is the intent of this facility to ensure 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>	09/19/2012	

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	<p>week." She indicated on those occasions of "short staffing," she does not feel the staff have adequate time to get the residents "turned [and repositioned] like they should be. It's harder when short staffed to find the help when you need two assists [2 persons to assist a resident with care]. [It]Takes longer to locate the help to help you."</p> <p>In interview with LPN #8 on 8-16-12 at 3:04 p.m., she indicated she usually works 12 hour night shifts. She indicated, "I don't feel we have enough aides. Have had only two aides on the ICF on eves and nights; we have 42 residents back here after 7 p.m. This means we have to get them ready for bed, snacks and smoke breaks and any other issues that come." She indicated "Lately [we] have had a lot issues with [name of Resident #B] being upset and [I] have spent a lot time with him to try to calm him. He likes a few particular staff and I try to make sure they can care for him, especially if seems upset."</p> <p>In interview with the Director of Nursing on 8-17-12 at 9:39 a.m., she indicated, "Obviously, everyone would like to see more staff in every place. I cannot say that we have had any</p>		<p><u>1. Actions Taken:</u></p> <p>a. Staffing patterns have been reviewed and adjusted to provide more staffing hours to be utilized for nursing care.</p> <p><u>2. Others Identified:</u></p> <p>a. Per the 2567, this potentially affected all residents. No further review was needed.</p> <p>-</p> <p><u>3. Measures Taken:</u></p> <p>a. Staffing levels will be reviewed every weekday at the Department Head morning meeting. Weekend staffing will be reviewed at the Friday Dept. Head morning meeting. Adjustments will be made as needed to ensure there is sufficient staffing.</p> <p><u>4. How Monitored:</u></p> <p>a. QA committee will review the DON/Designee summary of staffing levels monthly, for 3 months, and will review quarterly with the Medical Director, for four quarters, to determine if further action is needed.</p>		

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	<p>particular complaints from residents or families about staffing, that I am aware of. However, I do believe that staff have shared with the residents that the census is down and that has changed the staffing patterns."</p> <p>In interview with Resident #A on 8-17-12 at 9:59 a.m., he indicated it would take 20 to 30 minutes to get his call light answered.</p> <p>In interview with a concerned family member on 8-14-12 at 8:48 a.m., she indicated, "Not enough staff for the amount of patients or patients like [name of resident]. He is the last one taken care of or fed from what we have noticed. There is not enough staff in my opinion. Weekends are worst. Other family members have noticed this to and discussed this with me."</p> <p>In an interview with a concerned family member on 08/14/2012 8:54 a.m., the family member indicated Resident #B is bathed and cleaned up, "but not nearly enough. It goes back to staffing. His mouth is always dirty." In interview with a family member on 8-14-2012 at 8:57 a.m., the family member indicated the resident has mouth sores a lot, but didn't know why.</p>		<p><u>5.</u> This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 09-19-12.</p>				

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	<p>In an interview with CNA #6 on 8-16-12 at 11:42 a.m., she indicated she has worked with Resident #B for less than a month. She indicated staff have been told not to go in there alone. She indicated earlier the same morning, she had given him a partial bed bath and he was kicking and attempting to bite her.</p> <p>In interview with CNA #7 on 8-16-12 at 2:39 p.m. she indicated she tries to have a certain routine she uses with Resident #B's care that she shares verbally with other CNA's when she is unable to assist with his care. She indicated he has been known to grab staff and injure them in the past.</p> <p>Review of the "Pocket Sheet" for Resident #B on 8-16-12 at 2:25 p.m. indicated he must have two persons present for all care and must have one on one supervision whenever he is out of bed. Review of Resident E's care plan indicated he must have three persons in attendance for his weekly showers that are given on the night shift.</p> <p>A copy of the Nursing Schedule for July 29 through August 25, 2012 was provided by LPN # 17. Review of the</p>			

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	<p>Nursing Schedule for July 29 through August 25, 2012 indicated the evening shift had 4 to 4.5 CNA's scheduled for the entire building. The break down of CNA distribution was indicated as 2 CNA's on the "Front Hall" and 2 CNA's for the "ICF or Back Hall" for the evening shift according to CNA #19 in interview on 8-16-12 at 3:15 p.m. Review of the night shift indicated 4 CNA's are routinely scheduled for the entire building. Review of the staffing of licensed staff for the 12 hour shifts of 6:00 p.m. to 6:00 a.m., indicated three were scheduled routinely for the building, usually one licensed staff for each unit and a supervisory nurse.</p> <p>As referenced above, if Resident #B requires a minimum of 2 staff being present with any care, that indicates 29% of the staff are present for him and unavailable to 66 other residents. If for any reason the facility would have a call-in that could not be covered, that percentage then becomes 33.3% of the available staffing caring for Resident #B (or any other resident that requires 2 persons for care) and unavailable for 66 other residents.</p> <p>In review of the "Resident Census and Conditions of Residents,"</p>				

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	<p>provided by the Director of Nursing on 8-14-12, this document indicated a census of 67 residents. Of these 67 residents, none are independent with bathing, 60 required the assistance of 1 or 2 staff and 7 are totally dependent. Of the 67 residents, 6 were independent with dressing, 54 required the assistance of 1 or 2 persons to dress and 7 were totally dependent. Of the 67 residents, 23 residents were independent with transferring, 29 required the assistance of 1 or 2 persons and 15 were totally dependent with transfers. Of the 67 residents, 15 residents were independent with toileting, 41 required the assistance of 1 or 2 persons and 11 were totally dependent on staff with toileting. Of the 67 residents, 52 residents were independent with eating, 8 required the assistance of 1 or 2 persons and 7 were totally dependent on staff with eating.</p> <p>This Federal tag relates to Complaint IN00114686.</p> <p>3.1-17(a) 3.1-17(b)</p>				