

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155687	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/17/2015
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MUNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 LYN-MAR DR MUNCIE, IN 47304
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F000000	<p>This visit was for the Investigation of Complaint IN00165512..</p> <p>Complaint IN00165512 Substantiated. Federal/State deficiencies related to the allegations are cited at F241, F312, F318, and F353.</p> <p>Survey dates: February 15, 16, and 17, 2015</p> <p>Facility number: 000097 Provider number: 155687 AIM number: 100290970</p> <p>Surveyor: Betty Retherford RN</p> <p>Census bed type: SNF/NF: 105 Total: 105</p> <p>Census payor type: Medicare: 4 Medicaid: 85 Other: 16 Total: 105</p> <p>Sample: 7</p> <p>These deficiencies also reflect state findings cited in accordance with 410</p>	F000000		

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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F000241 SS=D	<p>IAC 16.2.-3.1.</p> <p>Quality review completed on February 18, 2014 by Randy Fry RN.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on record review and interview, the facility failed to provide care in a manner that maintained and/or enhanced each resident's dignity by promptly answering call lights for 3 of 4 residents reviewed for timely call light response in a sample of 7. (Resident #'s C, F, and H)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #C was reviewed on 2/16/15 at 9:30 a.m. Diagnoses for Resident #C included, but were not limited to, diabetes mellitus, paraplegia related to metastatic spinal cancer, and renal failure.</p> <p>A quarterly MDS assessment, dated 1/23/15, indicated Resident #C had no cognitive impairment, but required the assistance of the staff for all activities of daily living.</p>	F000241	<p>This plan of correction constitutes my written allegation of compliance. However, the plan is not an admission that a deficiency existed or that one was cited correctly. The plan of correction is being submitted to meet the requirements of state and federal law. The facility will continue to provide care in a manner that maintains and/or enhances each resident's dignity. Residents # C, F and H have been interviewed and all agree that call light response has improved over the last couple of weeks. Resident H has discharged home but the other two residents have agreed to be a part of the quality initiative for improved call light response by providing feedback weekly. The resident requiring one-on-one is being evaluated by Psychiatric Services as well as by therapy for potential use of a Merry Walker to decrease the need for continual one-on-one</p>	03/19/2015			

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	<p>Resident #C was interviewed on 2/15/15 at 1:45 p.m. She indicated she had to wait over 15 minutes for her call light to be answered at least 2 to 3 times a day. She indicated she felt the facility needed more staff and that the staff would tell her they were "working short".</p> <p>2. The clinical record for Resident #F was reviewed on 2/16/15 at 1:35 p.m. Diagnoses for Resident #F included, but were not limited to, diabetes mellitus, osteoporosis, cerebrovascular disease, and hemiplegia.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 1/17/15, indicated Resident #F had no cognitive impairment, but required the assistance of the staff for all activities of daily living.</p> <p>Resident #F was interviewed on 2/16/15 at 1:30 p.m. He indicated he had to wait over 15 minutes for his call light to be answered at least 2 to 3 times a week. He indicated there had been lots staff changes in the past few weeks.</p> <p>3. The clinical record for Resident #H was reviewed on 2/17/15 at 9:55 a.m. Diagnoses for Resident #H included, but were not limited to, status post motor vehicle accident with crushing injury of</p>		<p>while allowing her to be ambulatory. To determine if other residents have been affected, a call light audit is being conducted by members of the Interdisciplinary Team three times weekly, one on each shift, at varying times. We will do audits for 6 months. Call response time from the audits is documented, tracked and reviewed by facility management to assess tasks, assignments and staffing patterns. The Director of Nursing Services will review Resident Council Minutes for resolution and satisfaction with call light response time. Education will be provided by March 10th for all disciplines on the facility policy for answering call lights and the need for all facility personnel to be aware of call lights at all times. The Guardian Angel Rounds will assess for ongoing compliance and resident satisfaction. Audits and resulting action plans and resident feedback will be reviewed by QAPI for six months and as needed thereafter. Performance Improvement Plans will be adjusted as needed during the review periods based on patterns/trends.</p>		

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	<p>knee and closed fracture of lower end of radius and ulna.</p> <p>An admission MDS assessment, dated 1/30/15, indicated Resident #H had no cognitive impairment, but required the assistance of the staff for all activities of daily living.</p> <p>Resident #H was interviewed on 2/17/15 at 10:10 a.m. She indicated she had to wait over 15 minutes for her call light to be answered at least 2 to 3 times a day. She indicated the problem was worse around meal times when the staff were busy taking residents back and forth to the dining room. She indicated she felt the facility needed more help.</p> <p>4. Confidential CNA interviews were completed on 2/15/15 and 2/16/15 related to restorative services, staffing, and resident care. Exact dates and times withheld to maintain anonymity.</p> <p>CNA #5 indicated there had been many recent staffing changes. She indicated it was very difficult to get all the routine work done and the CNAs also had to rotate hours during the day when they were required to take turns with other nursing staff and provide 1 on 1 supervision/assistance to a resident who had dementia, very poor vision, did not</p>						

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	<p>speak English, and attempted to get up without assistance all the time.</p> <p>CNA #6 indicated on many shifts there were only 4 CNAs on the unit. She indicated it was very difficult to get all the work done with only 4 CNAs and then still help take turns providing 1 to 1 care to a resident requiring extensive care.</p> <p>CNA #7 indicated it was very hard to get resident care completed when it was necessary for the nursing staff to take turns providing one to one care to a resident. She indicated she was unable to answer call lights for her section while providing the 1 on 1 care to a resident. She indicated other nursing staff were supposed to respond to her call lights during that time period, but she could not always be sure they were answered in a timely manner.</p> <p>5. Review of the minutes for the 2/3/15 Resident Council Meeting indicated four residents attended the meeting. One of the concerns located under "New Business" indicated "Call lights need to be answered more timely". The number of residents expressing the concern was not listed.</p> <p>Review of the current facility policy,</p>				

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F000312 SS=D	<p>dated 1/26/15, provided by the Medical Records Designee on 2/17/15 at 11:30 a.m., titled "Call Light, Use of", included, but was not limited to, the following:</p> <p>"Procedure Purpose: To respond promptly to resident's call for assistance....</p> <p>...Procedure Details: 1. All facility personnel must be aware of call lights at all times. 2. Answer ALL call lights promptly whether or not you are assigned to the resident...."</p> <p>This federal tag relates to Complaint IN00165512.</p> <p>3.1-3(t)</p> <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 record review and interview, the facility failed to ensure showers and/or bed baths were given at least two times a week for 3 of 5 residents reviewed for assistance with bathing in a sample of 7. (Resident #'s C, D, and E)</p>	F000312	The facility will continue to ensure that 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. Residents #C, D and E	03/19/2015			

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	<p>Findings include:</p> <p>1. The clinical record for Resident #C was reviewed on 2/16/15 at 9:30 a.m. Diagnoses for Resident #C included, but were not limited to, diabetes mellitus, paraplegia related to metastatic spinal cancer, and renal failure.</p> <p>A quarterly MDS assessment, dated 1/23/15, indicated Resident #C had no cognitive impairment, but required the assistance of the staff for all activities of daily living.</p> <p>Resident #C was interviewed on 2/17/15 at 9:55 a.m. She indicated she did not always get her showers and/or bedbaths at least two times a week. She indicated she only got a bed bath one time last week and they are missed several times a month.</p> <p>Shower records for Resident #C for January 2015 documented 7 showers and/or complete bed baths for the month. None were documented from January 1st to the 6th. None were documented from January 10 to the 19th. The nursing notes for those time periods lack any information related to the resident refusing showers and/or complete bed baths.</p>		<p>have received showers and or bed baths twice weekly and the care is documented on shower sheets and in Care Tracker. To identify other residents at risk of this practice, the Interdisciplinary Clinical Team reviews the widgets each morning which shows any residents who did not receive a full bath or shower in 72 hours. Investigation into the reason the shower did not occur is followed up by the unit managers and reported back to the team at Daily Standdown at 3 PM. Charting is reviewed daily to assure refusals are documented and other alternatives offered to meet the resident's hygiene needs. Bath sheets are maintained by the unit managers of twice weekly bathing. Education will be provided to nursing staff by March 10th on the facility bathing policy and required documentation for refusals as well as interventions and options to meet the resident's hygiene needs. The bathing issue will be reviewed in QAPI monthly for six months and thereafter as needed for compliance. Performance Improvement Plans will be adjusted and revised based on identified patterns/trends.</p>		

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	<p>Shower records for February 1 through the 16th were reviewed. Only two showers and/or bed baths were documented occurring on February 3 and February 9, 2015.</p> <p>2. The clinical record for Resident #D was reviewed on 2/15/15 at 2:45 p.m. Diagnoses for Resident #D included, but were not limited to, dementia with behavioral disturbances, anxiety, and depressive disorder.</p> <p>A quarterly MDS assessment, dated 1/23/15, indicated Resident #D was moderately cognitively impaired and required the assistance of the staff for all activities of daily living.</p> <p>A health care plan problem, revised on 10/14/14, indicated Resident #D had a physical functioning deficit. One of the approaches for this problem was for the resident to be bathed 2 times per week by staff with partials baths twice daily and as needed.</p> <p>Shower records for Resident #D for January 2015 documented 5 showers and/or complete bed baths for the month. None were documented from January 10th through the 22nd, 2015. The nursing notes for those time periods</p>				

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	<p>lacked any information related to the resident refusing showers and/or complete bed baths.</p> <p>Shower records for February 1 through 16, 2015 were reviewed. Only one shower and/or bed bath was documented occurring on February 3, 2015. The nursing notes lacked any information related to the resident refusing showers during that time period.</p> <p>3. The clinical record for Resident #E was reviewed on 2/16/15 at 10:15 a.m. Diagnoses for Resident #E included, but were not limited to, Alzheimer's disease and chronic pain.</p> <p>A quarterly MDS assessment, dated 11/26/14, indicated Resident #E was moderately cognitively impaired and required the assistance of the staff for all activities of daily living.</p> <p>Shower records for Resident #E for January 2015 documented only 4 showers and/or complete bed baths for the month. The January 2015 nursing notes lacked any information related to the resident refusing showers and/or complete bed baths.</p> <p>4. The DON was interviewed on 2/17/15 at 9 a.m. Additional information was</p>						

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F000318 SS=D	<p>requested related to the lack of shower documentation for Resident #'s C, D, and E as noted above.</p> <p>The DON was interviewed on 2/17/15 at 11:30 a.m. She indicated she had no information to provide related to additional showers and/or bed baths having been given to Resident #'s C, D, and E as requested above.</p> <p>5. Review of the current facility policy, dated 1/26/15, provided by the Medical Records Designee on 2/19/15 at 11:30 a.m., titled "Bath, Shower" included, but was not limited to, the following:</p> <p>"Procedure Purpose: To cleanse and refresh the resident To observe the skin. To provide increased circulation...."</p> <p>This federal tag relates to Complaint IN00165512.</p> <p>3.1-38(a)(2)(A)</p> <p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to</p>						

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	<p>prevent further decrease in range of motion. Based on observation, record review and interview, the facility failed to ensure restorative services were provided as indicated in each resident's plan of care for 3 of 3 residents reviewed for restorative services in a sample of 7. (Resident #'s G, F, and C)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #F was reviewed on 2/16/15 at 1:35 p.m. Diagnoses for Resident #F included, but were not limited to, diabetes mellitus, osteoporosis, cerebrovascular disease, and hemiplegia.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 1/17/15, indicated Resident #F had no cognitive impairment, but required the assistance of the staff for all activities of daily living.</p> <p>A health care plan problem, dated 10/21/14, indicated the resident needed restorative ROM (range of motion) to maintain range of motion in the upper extremities. One of the approaches for this problem was for staff to encourage resident to exercise with upper extremities bicycle up to 15 minutes a day and up to 6 times a week.</p>	F000318	<p>The facility will continue to ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. The Restorative Plans for residents F, C and G have been reviewed and updated by the Restorative Nurse. Other residents that could be affected by the practice are readily identified on daily review of the Restorative Widget in morning clinical meetings. If the report shows any resident with a program did not receive services in the last 24 hours, the unit managers will investigate further why the program did not occur and will evaluate any other measures that could be attempted to meet the resident's needs. On March 1st the facility transitioned from designated restorative aides to floor staff for restorative services. In preparation for the transition back to floor aides, nursing assistants were provided further training by the Director of Clinical Education and the Director of Nursing Services on 2/24 and 2/25. 6 sessions were offered. Topics included active and passive range of motion, transfers, bed mobility, toileting, eating, and dressing and grooming. All residents on programs were reviewed for continued appropriateness of each program and care plans</p>	03/19/2015	

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	<p>The clinical record indicated the resident had the following current physician's orders related to restorative services:</p> <p>Passive (P) ROM exercises to bilateral upper extremities. Assist resident to perform arm raises, arm circles, elbow bends, wrist circles, etc daily as resident tolerates/allows every day shift. The original date of this order was 6/30/14.</p> <p>Restorative ROM: Resident is to perform bicycle with lower extremities x 15 minutes daily up to 6 times a week. The original date of this order was 10/22/14.</p> <p>Restorative ROM: Resident is to perform bicycle with upper extremities x 15 minutes up to once daily and up to 6 times a week to maintain upper range of motion. The original date of this order was 10/22/14.</p> <p>The Restorative records for all three of the above restorative services contained a "0" in the section provided to document the number of minutes the restorative services were provided from January 1, 2015 through February 3, 2015. The restorative logs were blank from February 4 through February 16, 2015. The restorative logs lacked any information related to the resident</p>		were revised accordingly. Care Tracker compliance with restorative services will be reviewed daily. Guardian Angels will visit with each resident weekly and interview to see if services are provided to the resident's satisfaction. The transition will be reviewed in QAPI monthly for six months and thereafter as needed for compliance. Performance Improvement Plans will be revised as needed during the review period based on patterns and trends.				

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	<p>refusing the restorative services.</p> <p>The nursing notes for January and February 2015 lacked any information related to Resident #F refusing restorative services.</p> <p>Resident #F was interviewed on 2/16/15 at 1:30 p.m. He indicated he had not received restorative exercises for a long time. He indicated he used to do exercises on a machine, but it was so intermittent that everything you gained you lost when it wasn't done. He indicated he did not even ask the staff about it any more. He indicated the restorative aide was now doing regular CNA duties.</p> <p>2. The clinical record for Resident #G was reviewed on 2/16/15 at 2 p.m. Diagnoses for Resident #G included, but were not limited to, diabetes mellitus, peripheral vascular disease, and quadriplegia.</p> <p>A quarterly MDS assessment, dated 2/8/15, indicated Resident #'G had no cognitive impairment, but required the assistance of the staff for all activities of daily living.</p> <p>A health care plan problem, dated 9/26/14, indicated the resident needed a</p>						

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	<p>restorative upper body and trunk strengthening program to maintain strength. Another health care plan problem, dated 1/11/14, indicated the resident required a PROM restorative program to BLE (bilateral lower extremities) and BUE (bilateral upper extremities). Approaches for these two problems included, but were not limited to passive range of motion exercises, leg bike exercises, tricep machine exercises, and compound row machine exercises.</p> <p>The clinical record indicated the resident had the following current physician's orders related to restorative services:</p> <p>Restorative PROM program: Resident to have ROM exercises performed to bilateral upper and lower extremities. Staff to assist resident with 5-10 repetitions as resident tolerates of arm extensions, arm raises, wrist circles, leg bends and stretches, and other exercises as resident tolerates...every day shift. The original date of this order was 1/23/14.</p> <p>Restorative upper body and trunk strengthening. Resident to do one of the following exercises once daily up to 6 times a week. Rest breaks as needed. Document minutes. 1. Leg bike....2. Arm bike... 3. Tricep machine... 4.</p>			

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	<p>Compound row machine....5. Trunk forward flexin exercise.... Staff to stay every day shift for upper body and trunk strength related to quadriplegia. The original date of this order was 9/27/14.</p> <p>The Restorative records for the two above restorative services indicated the restorative services were provided on 10 days in January and on February 3, 2015. The restorative logs were blank from February 4 through February 16, 2015. The restorative logs lacked any information related to the resident refusing the restorative services.</p> <p>The nursing notes for January and February 2015 lacked any information related to Resident #G refusing restorative services.</p> <p>Resident #G was interviewed on 2/16/15 at 1:15 p.m. He indicated he had not received restorative exercises consistently for a long time. He indicated he was lucky to get them once a week. He indicated the restorative aide was now doing regular CNA duties and the regular CNAs did not have the time to provide the restorative services. He pointed to small hand weights in his room and indicated he tried to work some with them himself, but felt like he was getting weaker.</p>				

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	<p>3. The clinical record for Resident #C was reviewed on 2/16/15 at 9:30 a.m. Diagnoses for Resident #C included, but were not limited to, diabetes mellitus, paraplegia related to metastatic spinal cancer, and renal failure.</p> <p>A quarterly MDS assessment, dated 1/23/15, indicated Resident #C had no cognitive impairment, but required the assistance of the staff for all activities of daily living.</p> <p>A health care plan problem, dated 11/27/14, indicated the resident needed restorative active ROM to bilateral upper extremities related to paraplegia. One of the approaches for this problem was for staff to encourage resident to do to sets of 15 repetitions up to 6 times a week.</p> <p>A health care plan problem, dated 11/27/14, also indicated the resident needed active assistance with range of motion to bilateral lower extremities. One approach for this problem was for the staff to provide active assistance with range of motion to bilateral lower extremities 2 sets of 15 repetitions up to six times a week.</p> <p>The clinical record indicated the resident had the following current physician's</p>						

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	<p>orders related to restorative services:</p> <p>Restorative A (active) ROM BUE : active range of motion through all planes to BUE: shoulder flexion, elbow extension/flexion, turn palm up and down, shoulder abduction/adduction; 2 sets of 15 of each exercises up to 6 times a week....</p> <p>Restorative ROM: Active assist range of motion exercises to BLE while up in wheelchair, knee flex, keen extension, and hip extension, abduction/adduction with ball to knees, 2 sets of 15 repetitions with each exercise up to 6 times a week. As tolerated....</p> <p>The Restorative records for the two above restorative services indicated the services were provided on 14 occasions in January 2015 and on only three occasions from February 1 through February 14, 2015. The restorative logs indicated the resident refused the restorative services on only once occasion, 2/1/15.</p> <p>The nursing notes for January and February 2015 lacked any information related to Resident #C refusing restorative services other than on 2/1/15.</p> <p>Resident #C was interviewed on 2/15/15</p>				

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	<p>at 1:45 p.m. She indicated she did not receive her restorative exercises on a consistent basis. She indicated they were only provided 2 to 3 times a week. She indicated the staff had told her they were "working short".</p> <p>4. CNA interviews were completed on 2/15/15 and 2/16/15 related to restorative services, staffing, and resident care. Exact dates and times withheld to maintain anonymity.</p> <p>CNA #5 indicated there had been many recent staffing changes and there had not been any "restorative aide" working on the unit for over a week. She indicated it was very difficult to get all the routine work done and also complete the restorative tasks. She indicated the CNAs also had to rotate hours during the day when they were required to take turns with other nursing staff and provide 1 on 1 supervision/assistance to Resident #B who had dementia, very poor vision, did not speak English, and attempted to get up without assistance all the time.</p> <p>CNA #6 indicated on many shifts there were only 4 CNAs on the unit. She indicated it was very difficult to get all the work done with only 4 CNAs and then still help take turns providing 1 to 1 care to Resident #B. She indicated the</p>						

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	<p>restorative CNA had been pulled to regular CNA duties and it was very hard to provide the restorative services.</p> <p>CNA #7 indicated it was very hard to get resident care completed when it was necessary for the nursing staff to take turns providing one to one care to Resident #B.</p> <p>The DON and Administrator were interviewed on 2/16/15 at 3:45 p.m. Additional information was requested related to restorative services not being provided for Resident #'s C, F, and G as noted above. The DON indicated the restorative aide position had been eliminated and the CNAs on the units were to do their own restorative care. She indicated they should have been aware of this. She indicated the nursing staff was required to rotate time so that 1 of 1 care could be provided to a resident requiring more care.</p> <p>5. Review of the current facility policy, dated 1/14/15, provided by the Medical Records Designee on 2/19/15 at 11:30 a.m., titled "Restorative Guideline" included, but was not limited to, the following:</p> <p>"Guideline Statement: The living center provides a Restorative Nursing program</p>						

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F000353 SS=E	<p>with interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible....</p> <p>Nursing Rehab/Restorative care includes nursing interventions that assist or promote the resident's ability to attain his or her maximum functional potential....</p> <p>...Procedure for Initiation of Individual Restorative Program</p> <p>...Print the Restorative Record and place in the documentation/program book. Communicate and/or train all of those who will be involved in Delivering program (i.e. Restorative Aides, CNA's, Activities Staff)</p> <p>... Document the restorative program on the care plan. Maintain Nursing Restorative documentation. ...The restorative record is initialed as programs are competed daily...."</p> <p>This federal tag relates to Complaint IN00165512.</p> <p>3.1-42(a)(2)</p> <p>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER</p>				

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	<p>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 record review and interview, the facility failed to ensure there was always sufficient staff on duty to ensure shower and/or bed baths were given at least two times weekly, restorative services were provided, and call lights were answered promptly for 4 of 4 residents reviewed for provision of nursing care in a total sample of 7. (Resident #'s C, F, H, and G)</p> <p>Findings include:</p> <p>During a review of the Resident Council minutes from the February 3, 2015</p>	F000353	The facility will continue to ensure there is sufficient staff on duty to provide nursing and related services to meet the highest practicable physical, mental, and psycosocial well being of each resident as determined by resident assessment and the individual plan of care. Nursing staff will be trained on the three areas identified by resident council: the need for prompt presence in the dining room so that meal service can begin timely, reminders to pass fresh ice water each shift and the need to respond to call light immediately by 3/10/15. The facility reviews staffing levels	03/19/2015	

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	<p>meeting, the following concerns were listed under the heading of "New Business".</p> <p>Meals being served later than times posted. Ice water not always being passed. Call lights need to be answered more timely.</p> <p>During resident interviews the following was noted:</p> <p>Resident #C was interviewed on 2/15/15 at 1:45 p.m. She indicated she had to wait over 15 minutes for her call light to be answered at least 2 to 3 times a day. She indicated she felt the facility needed more staff and that the staff would tell her they were "working short". A quarterly MDS assessment, dated 1/23/15, indicated Resident #C had no cognitive impairment, but required the assistance of the staff for all activities of daily living.</p> <p>During the above interview Resident #C also indicated she did not receive her restorative exercises on a consistent basis. She indicated they were only provided 2 to 3 times a week. She indicated the staff had told her they were "working short".</p>		<p>daily. Management staff assist and fill in when call ins can not be covered as was evident during the survey. . The resident who requires one-on-one is currently being evaluated by psychiatric services and will also be evaluated by therapy for possible seating and ambulation options that would reduce the need for continual one- on- one. The facility will also work with the family to secure the best living option for the resident. Individual responses related to call lights, showers and restorative can be found under F 241, F 312 and F 318. Other residents that could be affected are identified via the Guardian Angel Rounds. The facility has had turnover due to enforcement of the attendance policy and performance standards. The facility is contracting with a CNA instructor in the community to provide two classess of CNAS, one in March and another in April with a goal of 30 students. The facility has advertised and has not been able to recruit sufficient and hireable staff. The facility brought on board a Human Resource Director last week who will be active in recruitment and retention and will participate in the R and R Committee. Staffing recruitment and retention progress will be reviewed in QAPI for 6 months and thereafter as needed.</p>		

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	<p>Resident #C was interviewed again on 2/17/15 at 9:55 a.m. She indicated she did not always get her showers and/or bedbaths at least two times a week. She indicated she only got a bed bath one time last week and they are missed several times a month.</p> <p>Resident #F was interviewed on 2/16/15 at 1:30 p.m. He indicated he had to wait over 15 minutes for his call light to be answered at least 2 to 3 times a week. He indicated there had been lots staff changes in the past few weeks. He indicated he had not received restorative exercises for a long time. He indicated he used to do exercises on a machine, but it was so intermittent that everything you gained you lost when it wasn't done. He indicated he did not even ask the staff about it any more. He indicated the restorative aide was now doing regular CNA duties. A quarterly Minimum Data Set (MDS) assessment, dated 1/17/15, indicated Resident #F had no cognitive impairment, but required the assistance of the staff for all activities of daily living.</p> <p>Resident #H was interviewed on 2/17/15 at 10:10 a.m. She indicated she had to wait over 15 minutes for her call light to be answered at least 2 to 3 times a day. She indicated the problem was worse around meal times when the staff were</p>				

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	<p>busy taking residents back and forth to the dining room. She indicated she felt the facility needed more help. An admission MDS assessment, dated 1/30/15, indicated Resident #H had no cognitive impairment, but required the assistance of the staff for all activities of daily living.</p> <p>Resident #G was interviewed on 2/16/15 at 1:15 p.m. He indicated he had not received restorative exercises consistently for a long time. He indicated he was lucky to get them once a week. He indicated the restorative aide was now doing regular CNA duties and the regular CNAs did not have the time to provide the restorative services. A quarterly MDS assessment, dated 2/8/15, indicated Resident #G had no cognitive impairment, but required the assistance of the staff for all activities of daily living.</p> <p>Confidential CNA and Nurse interviews, for staff working on the C-Wing unit, were completed on 2/15/15 and 2/16/15 related to restorative services, staffing, and resident care. Exact dates and times withheld to maintain anonymity.</p> <p>CNA #5 indicated there had been many recent staffing changes and there had not been any "restorative aide" working on the unit for over a week. She indicated it</p>			

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	<p>was very difficult to get all the routine work done and also complete the restorative tasks. She indicated the CNAs also had to rotate hours during the day when they were required to take turns with other nursing staff and provide 1 on 1 supervision/assistance to Resident #B who had dementia, very poor vision, did not speak English, and attempted to get up without assistance all the time.</p> <p>CNA #6 indicated on many shifts there were only 4 CNAs on the unit. She indicated it was very difficult to get all the work done with only 4 CNAs and then still help take turns providing 1 to 1 care to a difficult resident. She indicated the restorative CNA had been pulled to regular CNA duties and it was very hard to provide the restorative services.</p> <p>CNA #7 indicated it was very hard to get resident care completed when it was necessary for the nursing staff to take turns providing one to one care to a difficult resident. She indicated she was unable to answer call lights for her section while providing the 1 on 1 care to this resident. She indicated other nursing staff were supposed to respond to her call lights during that time period, but she could not always be sure they were answered in a timely manner.</p>						

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	<p>Nurse #2 indicated the nursing staff did have to rotate time away from their regular duties in order to provide 1 to 1 care to a difficult resident. She indicated she could get all her work done if it was a "good day", but it was very difficult to provide timely care if things were not running smoothly.</p> <p>Nurse #3 indicated 3 nurses and 4 CNAs could get the work done if it was a "quiet day" on the unit. She indicated most of the time it was very hectic and difficult to get the work done. She indicated it was much better with 5 CNAs on the unit and the care could be given on a more timely basis.</p> <p>The DON and Administrator were interviewed on 2/16/15 at 3:45 p.m. The DON indicated there had been many recent staff changes and they were attempting to hire additional CNAs. The DON indicated the restorative aide position had been eliminated and the CNAs on the units were to do their own restorative care. She indicated they should have been aware of this. She indicated the nursing staff were required to rotate time away from their regular assigned duties so that 1 to 1 care could be provided to a difficult resident on the unit. The DON indicated they tried to have five CNAs working on the C-Wing</p>						

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

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	<p>unit (current census of 50 residents) on the day shift, but only had 4 CNAs at times.</p> <p>This federal tag relates to Complaint IN00165512.</p> <p>3.1-17(a)</p>				