

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155670	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/25/2013
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF NEWBURGH	STREET ADDRESS, CITY, STATE, ZIP CODE 5233 ROSEBUD LN NEWBURGH, IN 47630
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F000000	<p>This visit was for the Investigation of Complaint IN00132754.</p> <p>Complaint IN00132754 Substantiated - Federal/State deficiencies related to the allegations are cited at F353.</p> <p>Survey dates: July 24 and 25, 2013</p> <p>Facility number: 011049 Provider number: 155670 AIM number: 200258520</p> <p>Survey team: Anne Marie Crays, RN</p> <p>Census bed type: SNF/NF: 86 Total: 86</p> <p>Census payor type: Medicare: 12 Medicaid: 58 Other: 16 Total: 86</p> <p>Sample: 9</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F000000	Enclosed please find our plan of correction for deficiency identified during the complaint survey on July 25, 2013. The facility respectfully requests a desk review of our plan of correction. We believe that historically we have demonstrated commitment to our plans of correction and have delivered consistent quality outcomes. We appreciate your consideration of our request for desk review.----8/20/13 Please review changes made in response to addendum	

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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	Quality review completed on July 30, 2013, by Jodi Meyer, RN			

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F000353 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 observation, interview and record review, the facility failed to provide a sufficient number of staff to care for residents, in that call lights were not answered timely, ice water was not provided consistently, baths and showers were not always provided twice weekly, residents were not gotten up out of bed or turned and repositioned as care planned, and residents were left unsupervised for periods of time in activity rooms or dining rooms, for 4 of 4 residents</p>	F000353	<p>It is the practice 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 assessment and individual plans of care. CORRECTIVE ACTIONS The Administrator, Director of Nursing, Unit Managers, or designee will review staffing pattern daily to ensure staffing is sufficient and distributed appropriately based upon census and resident acuity to meet the</p>	08/23/2013			

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	<p>interviewed regarding staffing in a sample of 9, 5 of 5 staff interviewed, and 1 of 2 family members interviewed. Residents E, G, H, I; Staff # 1, 2, 3, 4, 5</p> <p>Findings include:</p> <p>On 7/24/13 at 12:30 P.M., the Administrator provided a list of residents, indicating which were considered interviewable. Residents G, H, E, and I were highlighted as interviewable.</p> <p>On 7/24/13 at 12:05 P.M., during a requested interview with Resident G, she indicated, "There's not enough help here." Resident G indicated, "Call lights are a problem; we have to wait 1/2 hour sometimes." Resident G indicated "it depends" on if they get ice water. Resident G indicated there are times when no staff is in the dining room, "and it was bad last week; one of the residents got sick, and there was no staff in there." Resident G indicated she is "speaking on behalf of other residents also."</p> <p>On 7/24/13 at 12:20 P.M., during a requested interview with Resident H, she indicated, "There's not enough help." Resident H indicated she had resided in the facility for many years,</p>		<p>care needs of the residents. All active nursing staff and new hires will be re-educated by the Director of Nursing, Unit Managers, or Staff Development Coordinator on: Call Light Response, Passing Ice Water, Turning and Repositioning Residents, and Provision of Showers/Hygiene needs. New hire orientations were conducted by Staff Development Coordinator on July 24 th & 25 th , July 31 st and August 1 st , with additional next new hire orientation scheduled for August 14 th & 15 th, continuing as needed to maintain sufficient staffing. CNA assignment sheets have been updated to reflect resident shower schedules. IDENTIFICATION OF OTHER RESIDENTS POTENTIALLY AFFECTED All residents in facility have the potential to be affected. QUALITY ASSURANCE Director of Nursing, Unit Managers, or designee will audit completion of resident shower sheets, call light response, and that ice water has been passed, 5 X/week X 1 month, 3 X/week X 1month, then weekly X 1month. Director of Nursing, Unit Managers, or designee will conduct 5 resident/family interviews to validate ice water is passed, bathing/showers completed, and timely call light response, 5 X/week X 1 month, 3X/week X 1 month, then weekly X 1 month. Findings of the above stated</p>				

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	<p>and "this is the worst it has ever been." Resident H indicated she observes residents who are not fed because there are not enough staff. Resident H indicated she doesn ' t need to use the call light much, but she has overheard residents yelling for help. Resident H indicated she receives ice water "maybe once a day, around 3:00 P.M." Resident H indicated the staff is very nice and courteous, but "there's just not enough."</p> <p>On 7/25/13 at 9:10 A.M., during interview with Resident E, she indicated call lights were not always answered timely. She indicated her water was delivered "maybe one time a day." Resident E indicated there "really was not enough staff."</p> <p>On 7/25/13 at 9:30 A.M., RN # 1 indicated 2 nurses scheduled for work had called in that day, and so did a CNA. RN # 1 indicated she was working with 2 CNAs, plus 1 CNA had stayed over "awhile" from night shift to help out, but had already left. She indicated she thought CNA # 6 might try to assist if she could.</p> <p>On 7/25/13 at 10:30 A.M., a nursing schedule, dated 7/17/13 to 7/24/13 "as worked" was reviewed. The</p>		<p>audits and resident/family interviews will be reviewed by the QA. committee monthly X 3months to monitor compliance and further recommendations as indicatedAll audits results will be reviewed in monthly PI meeting to achieve 100% compliance as determined by PI committee COMPLETION DATE 8/23/2013</p>		

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	<p>schedule indicated the following: Day shift: 100 Unit and 200 Unit, 1-3 nurses or QMAs and 3-4 CNAs; Evening shift: 2-3 nurses or QMAs and 3-4 CNAs; Night shift: 1-2 nurses or QMAs and 2-4 CNAs.</p> <p>On 7/25/13 at 10:40 A.M., CNA # 6 was interviewed. CNA # 6 indicated she had been filling out the schedule for approximately 1 week. CNA # 6 indicated the staffing is based on census, but she tries to schedule 3 or 4 nurses and QMAs and 3 CNAs on both the 100 and 200 Units for day and evening shifts. For night shift, she indicated she tries to schedule 2 nurses or Qmas on both the 100 and 200 Units, and 3 CNAs on the 200 Unit and 2 CNAs on the 100 Unit. CNA # 6 acknowledged the facility has a lot of "call-ins." She indicated she tries to replace those employees who call in, but is not always able to.</p> <p>On 7/25/13 at 2:20 P.M., during a family interview, Family # 1 indicated she has personally observed 1 hour wait times on answering a call light. Family # 1 indicated, "There is not enough staff here." Family # 1 indicated she had found her family member dirty and covered with a sheet at different times.</p>			

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	<p>On 7/25/13 at 3:20 P.M., during a requested interview with Resident I, she indicated, "There's not enough staff." She indicated she has had to wait up to 1 hour for her call light to be answered. She indicated, "They try to pass ice water, but it's not always done." Resident I indicated she did not always receive her baths twice weekly. She indicated, "They do what they can. There is just not enough."</p> <p>The following staff interviews were done confidentially:</p> <p>Staff # 1 indicated, "There's just not enough help. My license is on the line."</p> <p>Staff # 2 indicated, "There's not enough staff. Call lights can't get answered. The CNAs are doing the best they can. 3 nurses that I know of walked out." Staff # 2 indicated residents are not gotten out of bed because there was not enough staff.</p> <p>Staff # 3 indicated, "I can't get everything done. It's very stressful. Sometimes the residents don't get ice water or their showers. We try hard, we are just understaffed."</p> <p>Staff # 4 indicated, "I can't get my work done. Baths are done when I</p>			

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	<p>can. I just can't pass ice water, that's not a priority. It's hard to feed everybody. If therapy staff had not assisted me I would not have got it done. Staff are stressed out and overwhelmed."</p> <p>Staff # 5 indicated, "It's very hard to get showers done when there are only 3 aides on days. Alot of the residents are hoyer lifts, and require 2 people. It's just not doable. We get call lights as we are able. We try to get everyone fed, we don't let them not eat, but it may be pretty late before we can get to them."</p> <p>On 7/25/13 at 3:30 P.M., the Adminsitrator indicated there were currently nurses and CNAs in orientation. The Administrator indicated the facility had been sold, and a new corporation was starting management of the facility on August 1, 2013</p> <p>This Federal tag relates to Complaint IN132754.</p> <p>3.1-17(a)</p>						

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