

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155763	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/23/2012
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NAME OF PROVIDER OR SUPPLIER  NORTH RIDGE VILLAGE NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 600 TRAIL RIDGE RD ALBION, IN 46701
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F0000	<p>This visit was for the Investigation of Complaint IN00118412.</p> <p>Complaint IN00118412 - Substantiated. Federal/state deficiencies related to the allegations are cited at F241 and F353.</p> <p>Survey dates: October 22, 23, 2012</p> <p>Facility number: 011296 Provider number: 155763 AIM number: 200827620</p> <p>Survey team: Ann Armey, RN</p> <p>Census bed type: SNF/NF: 68 Residential: 13 Total: 81</p> <p>Census payor type: Medicare: 9 Medicaid: 46 Other: 26 Total: 81</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000		
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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 10/26/12 by Suzanne Williams, RN			

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F0241 SS=E	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>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 interview and record review, the facility failed to promote care in a manner that maintained each resident's dignity in regard to delays in call light responses and the provision of showers.</p> <p>This deficiency affected 6 of 7 residents who were interviewed (Residents #B, #C, #E, #F, #H, and #I) and 4 of 4 residents whose shower records were reviewed (#B, #C, #D, and #H).</p> <p>Findings include:</p> <p>A concern letter from Resident #B, dated 10/1/12, provided by the DON (Director of Nursing), was reviewed on 10/22/12 at 3:00 p.m., and indicated "...I've been here since last Thurs. (Thursday) with no shower or bath. You are under staffed. The girls can not be everywhere at once. I don't like being messed &amp; (and) wet-Im (sic) sure the other residences (sic) don't either..."</p> <p>The concern follow-up indicated the DON met with Resident #B on</p>	F0241	<p>F241</p> <p>It is the practice of North Ridge Village Nursing and Rehab Center to 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>I. Resident B no longer resides in the facility. Residents C,D,E,F,H,I and J have been scheduled twice weekly for their preferred shower days and have their call lights answered as soon as possible.</p> <p>II. All residents receiving showers and residents that use their call lights have the potential to be affected. An investigation was initiated and completed regarding call lights not being answered timely and scheduled showers not being given. The investigation revealed per staff interviews a lack of direct oversight in organization and time management including break times during peak call light use and giving scheduled showers. Nursing Management continues to work with the direct care staff in regards to answering the call lights timely</p>	11/22/2012			

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	<p>10/2/12 at 8:30 a.m. and the resident was placed on the shower schedule. The concern response indicated dining room assignments had been rearranged to help with call lights and call light answer times, and shower scheduling and dining room assignments would be monitored.</p> <p>On 10/22/12 at 4:45 p.m., Resident # C was interviewed. She indicated she frequently had to wait until 10:00 p.m. to 11:00 p.m. to be put to bed because she required two staff for transfers and there was not enough staff. Resident #C indicated she had waited forty-five minutes to an hour to have her call light answered. Finally, she indicated she was not always getting her showers twice weekly because staff were too busy. Resident #C indicated she reported her concerns to Administrative Staff but she felt the problems were continuing.</p> <p>On 10/23/12 at 9:40 a.m., Resident #B, who was identified by the facility as interviewable, indicated she did not think staffing had improved since she had written her letter on 10/1/12. She indicated she refused a shower because an aide told her she would be back to do the shower, but then came so late and she was too tired.</p>		<p>and ensuring residents receive their scheduled showers. The Administrator has initiated and completed 100% review of Resident Council Meeting Minutes and Concerns in the last 90 days. The Administrator initiated per the Quality Assurance Committee 100% of Resident and Family Interviews to identify any additional concerns.</p> <p>III. The policies for Resident Showers and Answering Call Lights have been reviewed and revised as necessary. The Administrator re-educated all Department Heads regarding answering call lights as soon as possible, scheduled showers, the Customer Service Pledge and reporting all resident and family concerns as soon as possible to the Administrator or DON. All staff will be re-educated regarding the Answering Call Lights policy, Resident Showers policy, and on the Customer Service Pledge. All residents have been placed on the revised shower schedule and the shower worksheet has been revised to include refusal and notification to the charge nurse. All residents are assigned to at least 2 showers weekly. All residents will have their call lights answered as soon as possible. All Resident Concerns will be reported daily during the clinical meeting to ensure 100% review of all concerns. The Administrator will remain available to meet with the</p>				

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	<p>She felt there continued to be long waits for assistance, and an aide "cried" because she felt she was not able to do a good job and get everything done.</p> <p>On 10/23/12 at 10:15 a.m., Resident #G, who was identified by the facility as interviewable, indicated the staff had too many residents to take care of and that was why "they were late getting to you when you turned on your call light."</p> <p>On 10/23/12 at 10:30 a.m., Resident #H, who the facility identified as interviewable, indicated it took a long time to get the call light answered and her showers had been missed because there was not enough staff.</p> <p>On 10/23/12 at 10:45 a.m., Resident #I, who was identified by the facility as interviewable, indicated the staff were slow to answer lights (10-15 minute waits), and most of the time, she had to wait too long to get to bed.</p> <p>On 10/23/12 at 11:30 a.m., Resident #K, who was identified by the facility as interviewable, indicated she had been left sitting on the toilet for forty-five minutes. She indicated she carried a cell phone and when staff did not answer her call light, she</p>		<p>Resident Council upon invitation. Nursing Management reviewed the nursing schedule and added a 2 nd shift RN nurse manager to oversee and direct nursing staff to provide direct care including answering call lights and showers.</p> <p>IV. The DON or her designee is conducting quality improvement audits to ensure call lights are answered as soon as possible and that residents are receiving their scheduled showers. A random sample of five residents using their call lights will be monitored 3 times per week for 30 days; then monthly for 5 months to ensure that call lights are being answered as soon as possible. A random sample of 5 residents that receive showers will be monitored 3 times per week for 30 days; then monthly for 5 months to ensure that scheduled showers are being given. The Administrator or her designee is conducting quality improvement audits to ensure that concerns reported from Resident Council are being reviewed and resolved. The Administrator or her designee is meeting weekly for two months then bi-monthly for four months with the President of the Resident Council to follow up with any concerns. Results of these audits will be reported at the QA committee monthly.</p>		

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	<p>called her daughter on the phone. Resident #K indicated when the staff did finally respond, they told her not to be impatient. This was upsetting to the resident.</p> <p>On 10/23/12 at 11:45 a.m., a family member indicated her parent lived in the facility and they tried to visit several times each day. The family member indicated a few days ago, on the day shift, a resident was in the hall crying because she could not find staff to take her to the bathroom. The family member indicated she searched for staff but could not find anyone so she asked a housekeeper to find help but the housekeeper said the staff were on break. The family member indicated she checked on the resident five minutes later in her room and she still had not received assistance. The family member indicated she reported the incident to Administrative Staff.</p> <p>On 10/23/12 at 3:00 p.m., the October 2012 shower/bath records for residents Resident #B, #C, #D and #H were reviewed with the Staff Person Responsible for the Schedule. The Scheduler indicated the staff were to document when showers were given, refused or not provided. Four of four residents, reviewed, had</p>				

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	<p>at least one missed shower in the month of October 2012.</p> <p>Resident #B missed her shower on 10/9/12 and a note indicated the resident "did not get her shower. Was in bed before I could give it to her. Will try to give it tomorrow." There was no documentation the shower was given the following day.</p> <p>Resident #C had no documentation she received a shower on 10/1/12.</p> <p>Resident #D had no documentation she received a shower on 10/12/12 and 10/19/12. The Scheduler indicated, on 10/19/12, she told the staff not to do showers due to a shortage of staff.</p> <p>Resident #H had no documentation she received a shower on 10/4/12.</p> <p>On 10/23/12 at 3:00 p.m., the DON was interviewed. She indicated she felt there were enough staff scheduled on each shift and she was working on ways to improve the attendance and the efficiency of the staff. She indicated several CNAs and Nurses had been hired to fill vacancies. The DON indicated the shower/bath schedule had been reorganized a few weeks previous.</p> <p>This Federal tag relates to Complaint IN00118412.</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 interviews and record review, the facility failed to have sufficient staff to meet the needs of residents in regard to call light response, showers and passing evening snacks.</p> <p>This deficiency affected 7 of 7 residents, who were interviewed (Residents #B, #C, #E, #F, #H, #I and #J) and 4 of 4 residents, whose shower records were reviewed (#B, #C, #D, and #H).</p> <p>Findings include:</p>	F0353	<p>F353</p> <p>It is the practice of North Ridge Village Nursing and Rehab Center 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> <p>I. Resident B no longer resides in the facility. Residents C,D,E,F,H, I and J have been scheduled twice weekly for their</p>	11/22/2012

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	<p>A concern letter from Resident #B, dated 10/1/12, provided by the DON (Director of Nursing), was reviewed on 10/22/12 at 3:00 p.m., and indicated "...I've been here since last Thurs. (Thursday) with no shower or bath. You are under staffed. The girls can not be everywhere at once. I don't like being messed &amp; (and) wet-lm (sic) sure the other residences (sic) don't either..."</p> <p>The concern follow-up indicated the DON met with Resident #B on 10/2/12 at 8:30 a.m. and the resident was placed on the shower schedule. The concern response indicated dining room assignments had been rearranged to help with call lights and call light answer times, and shower scheduling and dining room assignments would be monitored.</p> <p>On 10/22/12 at 4:45 p.m., Resident # C was interviewed. She indicated she frequently had to wait until 10:00 p.m. to 11:00 p.m. to be put to bed because she required two staff for transfers and there was not enough staff. Resident #C indicated she had waited forty-five minutes to an hour to have her call light answered. Finally, she indicated she was not always getting her showers twice weekly because staff were too busy.</p>		<p>preferred shower days, have their call lights answered as soon as possible, and are consistently offered HS snacks.</p> <p>II. All residents receiving showers, residents that use their call lights, and residents receiving HS snacks have the potential to be affected. An investigation was initiated and completed regarding call lights not answered timely, scheduled showers not being given, and HS snacks not being offered consistently. The investigation revealed per staff interviews a lack of direct oversight in organization and time management including break times during peak call light use and giving scheduled showers. Direct Observation revealed HS snacks are being offered and accepted. Nursing Management continues to work with the direct care staff in regards to answering the call lights timely, ensuring residents receive their scheduled showers, and that HS snacks are passed consistently. The Administrator has initiated and completed 100% review of Resident Council Meeting Minutes and Concerns in the last 90 days. The Administrator initiated per the Quality Assurance Committee 100% of Resident and Family Interviews to identify any additional concerns.</p> <p>III. The policies for Resident Showers, Answering Call Lights, and the HS Nutritional Pass</p>				

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	<p>Resident #C indicated she reported her concerns to Administrative Staff but she felt the problems were continuing.</p> <p>On 10/22/12 at 4:15 p.m. and 6:25 p.m., CNA #10 and CNA #11 were interviewed separately. The CNAs indicated they were short staffed several times each week and the residents were upset with them when they couldn't get everything done.</p> <p>On 10/23/12 at 9:40 a.m., Resident #B, who was identified by the facility as interviewable, indicated she did not think staffing had improved since she had written her letter on 10/1/12. She indicated she refused a shower because an aide told her she would be back to do the shower, but then came so late and she was too tired. She felt there continued to be long waits for assistance, and an aide "cried" because she felt she was not able to do a good job and get everything done.</p> <p>On 10/23/12 at 10:15 a.m., Resident #G, who was identified by the facility as interviewable, indicated the staff had too many residents to take care of and that was why "they were late getting to you when you turned on your call light." She indicated evening</p>		<p>have been reviewed and revised as necessary. The Administrator re-educated all Department Heads regarding answering call lights as soon as possible, scheduled showers, consistency in passing HS snacks, the Customer Service Pledge and reporting all resident and family concerns as soon as possible to the Administrator or DON. All staff will be re-educated regarding the Answering Call Lights policy, Resident Showers policy, the Customer Service Pledge, and the HS Nutritional Pass policy. All residents have been placed on the revised shower schedule and the shower worksheet has been revised to include refusal and notification to the charge nurse. All residents are assigned to at least 2 showers weekly. All residents will have their call lights answered as soon as possible. All residents will be consistently offered an HS snack. All Resident Concerns will be reported daily during the clinical meeting to ensure 100% review of all concerns. The Administrator will remain available to meet with the Resident Council upon invitation. Nursing Management reviewed the nursing schedule and added a 2 nd shift RN nurse manager to oversee and direct nursing staff to provide direct care including answering call lights, showers, and HS snacks.</p> <p>IV. The DON or her designee is conducting quality</p>				

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	<p>snacks were passed too late (10:00 p.m.)</p> <p>On 10/23/12 at 10:30 a.m., Resident #H, who the facility identified as interviewable, indicated it took a long time to get the call light answered and her showers had been missed because there was not enough staff.</p> <p>On 10/23/12 at 10:45 a.m., Resident #I, who was identified by the facility as interviewable, indicated the staff were slow to answer lights (10-15 minute waits), no snacks were offered in the evening, and most of the time, she had to wait too long to get to bed.</p> <p>On 10/23/12 at 10:55 a.m., Resident #J, who was identified by the facility as interviewable, indicated the nurses had complained to her that they had to do aide work because there were not enough aides. She indicated staff still did not pass snacks in the evening and this had been brought up in several meetings.</p> <p>On 10/23/12 at 11:30 a.m., Resident #K, who was identified by the facility as interviewable, indicated she had been left sitting on the toilet for forty-five minutes. She indicated she carried a cell phone and when staff did not answer her call light, she</p>		<p>improvement audits to ensure call lights are answered as soon as possible, that residents are receiving their scheduled showers, and that HS snacks are offered consistently. A random sample of five residents using their call lights will be monitored 3 times per week for 30 days; then monthly for 5 months to ensure that call lights are being answered as soon as possible. A random sample of 5 residents that receive showers will be monitored 3 times per week for 30 days; then monthly for 5 months to ensure that scheduled showers are being given. A random sample of 5 residents receiving HS snacks will be monitored 3 times per week for 30 days; then monthly for 5 months to ensure that HS snacks are being given. The Administrator or her designee is conducting quality improvement audits to ensure that concerns reported from Resident Council are being reviewed and resolved. The Administrator or her designee is meeting weekly for two months then bi-monthly for four months with the President of the Resident Council to follow up with any concerns. Results of these audits will be reported at the QA committee monthly.</p>		

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	<p>called her daughter on the phone. Resident #K indicated when the staff did finally respond, they told her not to be impatient. This was upsetting to the resident.</p> <p>On 10/23/12 at 11:45 a.m., a family member indicated her parent lived in the facility and they tried to visit several times each day. The family member indicated a few days ago, on the day shift, a resident was in the hall crying because she could not find staff to take her to the bathroom. The family member indicated she searched for staff but could not find anyone, so she asked a housekeeper to find help but the housekeeper said the staff were on break. The family member indicated she checked on the resident five minutes later in her room and she still had not received assistance. The family member indicated she reported the incident to Administrative Staff.</p> <p>On 10/23/12 at 3:00 p.m., the October 2012 shower/bath records for residents Resident #B, #C, #D and #H were reviewed with the Staff Person Responsible for the Schedule. The Scheduler indicated the staff were to document when showers were given, refused or not provided. Four of four residents, reviewed, had</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155763	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/23/2012
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	<p>at least one missed shower in the month of October 2012.</p> <p>Resident #B missed her shower on 10/9/12 and a note indicated the resident "did not get her shower. Was in bed before I could give it to her. Will try to give it tomorrow." There was no documentation the shower was given the following day.</p> <p>Resident #C had no documentation she received a shower on 10/1/12.</p> <p>Resident #D had no documentation she received a shower on 10/12/12 and 10/19/12. The Scheduler indicated, on 10/19/12, she told the staff not to do showers due to a shortage of staff.</p> <p>Resident #H had no documentation she received a shower on 10/4/12.</p> <p>On 10/23/12 at 2:00 p.m., Resident Council Minutes were reviewed. The Minutes for, 8/15/12 and 9/27/12 (two months), indicated there was an ongoing concern that evening snacks were not being passed at all or were being passed late. The facility response indicated that the issue was discussed with the charge nurses and the facility would continue to monitor the situation.</p> <p>On 10/23/12 at 3:00 p.m., the DON was interviewed. She indicated she felt there were enough staff</p>			

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	<p>scheduled on each shift and she was working on ways to improve the attendance and the efficiency of the staff. She indicated several CNAs and Nurses had been hired to fill vacancies. The DON indicated the shower/bath schedule had been reorganized a few weeks previous.</p> <p>This Federal tag relates to Complaint IN00118412.</p> <p>3.1-17(a)</p>			