

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155381	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/30/2014
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NAME OF PROVIDER OR SUPPLIER HARBOUR MANOR HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1667 SHERIDAN RD NOBLESVILLE, IN 46060
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F000000	<p>This visit was for the Investigation of Complaint's IN00149452 and IN00149483.</p> <p>Complaint IN00149452 Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F314 and F353.</p> <p>Complaint IN00149483 Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F314, and F353.</p> <p>Survey dates: May 28, 29 & 30, 2014</p> <p>Facility Number: 000551 Provider Number: 155381 AIM Number: 100267400</p> <p>Survey Team: Mary Jane G. Fischer RN</p> <p>Census Bed Type: SNF: 30 SNF/NF: 84 Other: 47 Total: 161</p> <p>Census Payor Type: Medicare: 29</p>	F000000	<p>June 10, 2014 Kim Rhoades, Director Long-Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204 Re: Allegation of Compliance Dear Ms. Rhoades: Please find enclosed the Plan of Correction to the annual Recertification and State Licensure Survey conducted on May 28, 29, and 30 of 2014. This letter is to inform you that the plan of correction attached is to serve as Harbour Manor Health and Living's credible allegation of compliance. We allege compliance on June 29, 2014 If you have any further questions, please do not hesitate to contact me at 317-770-3434. Sincerely, Administrator Justin P. Vogt, HFA Executive Director Harbour Manor & The Lodge, Exceptional Senior Living 1667 Sheridan Road Noblesville, IN 46062 Office 317-770-3401 Fax 317-770-3447 Cell 317-504-1700 Our Mission: is to be the Leading Provider of Inspired Living and Compassionate Care to those we serve Our Vision: We are a privately owned company directed by compassion for the individual. We provide comfort by supporting health and living. Submission of this plan of correction in no way constitutes an admission by Harbour Manor Health & Living or its</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000157 SS=G	<p>Medicaid: 65 Other: 67 Total: 161</p> <p>Sample: 9 Supplemental Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on June 4, 2014.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an</p>		<p>management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care or other services provided in this facility. The Plan of Correction is prepared and executed solely because it is required by Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the Complaint Survey on May 28, 29, and 30 of 2014. Please accept this plan of correction as Harbour Manor Health and Living's credible allegation of compliance by June 29, 2014. This statement of deficiencies and plan of correction will be reviewed at the June Quality Assurance/Assessment Committee meeting.</p>		

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	<p>existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview the facility failed to ensure a physician was notified of a change in a resident's conditions, and failed to notify the resident's physician that an appointment had been canceled, in that when a resident had a change in the status of a pressure ulcer, and another resident who had physician orders to be evaluated at the local Wound Care Center, the facility nursing staff failed to ensure physician notification for possible intervention for 2 of 5 resident's reviewed for wounds in a sample of 9. (Residents "A" and "I"). Resident A had a worsening pressure ulcer resulting in need of sharp debridement.</p> <p>Findings include:</p>	F000157	<p>Disagree with findings of surveyor. Response to Survey Ending May 30, 2014 F157 I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice. Resident A physician was notified on 5/2/14 of the change in status of the wound. Resident I physician was notified on 5/28/14 of the wound status. II. The facility will identify other residents that may potentially be affected by the deficient practice. Resident's with wounds and other changes in condition residing in the facility had the potential to be affected. III. The facility will put into place the following systematic changes to ensure that the</p>	06/29/2014

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	<p>1. The record for resident "A" was reviewed on 05-28-14 at 11:25 a.m. Diagnoses included, but were not limited to, cerebral vascular accident, right hemiplegia, aphasia, dementia, chronic pain, hypertension, anxiety and pressure ulcer to the right heel. These diagnoses remained current at the time of the record review.</p> <p>A review of the Resident's Minimum Data Set assessment, dated 02-04-14 and the assessment dated 05-02-14, indicated the resident required expensive assistance by two staff members for transfer, bed mobility, dressing and toileting. Both assessments indicated the resident had impairment on one side, with no pressure ulcer noted on the 02-04-14 assessment, but noted a Stage 1 [an observable, pressure related alteration of intact skin] area on the 05-02-14 assessment.</p> <p>A review of the resident's current plan of care, dated 04-17-14, indicated the resident had "two open abrasions to right heel caused by scooting self when in bed. Areas have evolved into 1 large area." "Approaches" to this plan of care included "Assess areas for s/s [signs or symptoms] of infection including reddened periwound, purulent &/or malodorous drainage, increased pain,</p>		<p>deficient practice does not recur. Licensed nurses were re-educated on the Change of Condition Policy. Licensed Nurse #15 and East Unit Manager #16 educated on notification of physician with a change of condition. Residents with current wounds were audited to ensure all changes in condition have been notified to the MD. IV The facility will monitor the corrective action by implementing the following measures. Wound observations and Weekly skin assessments for residents with wounds will be audited for physician notification of change in condition by the DON, wound nurse, and/or designee weekly x 4 weeks, monthly x 2 months, quarterly thereafter for a total of 12 months. Any non-compliance identified will have re-education and/or disciplinary action presented up to termination. Results of this audit will be reviewed at the monthly Quality Assurance Committee meeting and by the administrator and frequency and duration of reviews will be adjusted as needed. V. Plan of Correction completion date. Plan of Completion date is June 29, 2014.</p>		

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	<p>elevated temp. [temperature]. Notify MD [Medical Doctor], wound nurse and POA [Power of Attorney] if present. Inform MD, wound nurse & family if areas worsen."</p> <p>A review of the facility "Observation Report," dated 04-23-14 indicated the resident had developed "in house" area to the right inner foot posterior and right outer foot posterior. The report indicated the measurements for the right posterior were "0.8 cm (centimeters) in length by 0.6 cm in width," and the right outer posterior foot measurements included "1 cm in length by 0.9 cm in width." The "character" of the wound bed was documented as "clean with no odor or exudate."</p> <p>A review of the "Observation Report," dated 04-30-14, indicated the resident continued to have the area to the right heel which now measured 6 cm by 3 cm - "half granulation, half purplish black." The nurse (LPN # 15) documented the area had serosanguineous drainage."</p> <p>During an interview on 05-29-14 at 2:00 p.m., the facility Wound Nurse #10, indicated she observed the area to the heel on 05-02-14 and documented the following: "Areas on the right heel assessed. Noted large amount of serous</p>			

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	<p>drainage had soaked through dressing applied earlier today. No odor present. Periwound erythematous, macerated and painful extending approx. [approximately] 2.5 cm out from wounds. Large amount of loose, dead tissue present around distal wound. Proximal wound bed beefy red, distal wound bed pale pink. MD [Medical Doctor] faxed description of wounds and current tx. [treatment] order."</p> <p>On 05-02-14 the physician called the facility and ordered "consult with wound center at [name of local area hospital] for heel ulcer."</p> <p>When the resident was evaluated at the local wound center, 7 days after the Licensed Nurse #15 documented a change in the areas, and 4 days after the facility Wound Care Nurse #10 also assessed the areas, the following notation was documented by the wound care physician specialist:</p> <p>"Date of Encounter: May 6, 2014. History of present illness: "...was seen today in the Wound Care Center for right heel pressure ulcer. He had developed a thick eschar in this area. The unstageable pressure ulcer located on the right heel has been present for approximately 4 days. The pressure ulcer is related to</p>			
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	<p>immobility. The pressure ulcer measures 2.3 cm in length by 3.5 cm in width by 0 cm in depth. The patient scores the pain as 5 on a scale of 0 to 10. There is no exudate draining from the pressure ulcer. The skin around the pressure ulcer is erythematous." The Wound Care physician indicated "I debrided the eschar today and will order Santyl for enzymatic debridement of the area daily at the ECF [extended care facility]."</p> <p>During an observation on 05-28-14 at 10:15 a.m., the Wound Care Nurse #10 indicated, "Santyl [a debriding agent] was continued. It was debrided yesterday - yes it appears she [the Wound Care Physician] debrided it all the way to the bone. It started out as an abrasion from scooting around in bed - it's on his effected side."</p> <p>During an interview on 05-30-14 at 9:00 a.m., Licensed Nurse #15 indicated "[Resident name] yes they [Administrative Staff Members] talked to me today about it. I saw just what I charted, partially granulation and partially purplish black in the wound bed. I wasn't aware that it was a significant change, no and I didn't notify the doctor."</p> <p>2. The record for Resident "I" was</p>						

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	<p>reviewed on 05-30-14 at 11:00 a.m. Diagnoses included, but were not limited to, altered mental status, dysphagia, dementia, hypertension, depressive disorder, cerebral vascular accident and pemphigous. These diagnoses remained current at the time of the record review.</p> <p>A review of the Weekly Skin report dated 05-16-14, indicated "pressure ulcer right heel." Right heel blister monitored by wound center and wound nurse. Protective boots to bilateral feet in place. The 05-21-14 Weekly Skin report lacked documentation of the area to the resident's right heel. However the 05-23-14 report indicated "right heel bulli."</p> <p>A progress noted dated 05-28-14 at 3:22 p.m. indicated "[Name of individual at the hospital Wound Care Center] from the Wound Center states she spoke with Licensed Nurse - East Unit Manager #16, from facility on 05-27-14. Wound appointment canceled stating 'the blisters are healed and there's no need for wound care at this time.'"</p> <p>A progress note dated 05-28-14 at 3:12 p.m. indicated, "MD notified while in facility and states he was not aware resident did not go to wound center appointment. Received a new order from</p>				

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	<p>MD to make appointment as soon as possible with [name of hospital] Wound Center."</p> <p>During an interview on 05-30-14 at 10:25 a.m. Licensed Nurse #17 indicated "it started as a blister. Once it opened [name of physician] wanted her to be seen by the Wound Clinic. [Names of Licensed Nurse #16, the Unit Manager of the East Unit, and Licensed Nurse #10, the facility Wound Care Nurse], said she didn't need to go and they canceled the order. When [name of physician] came in he didn't know anything about the order being canceled. He was furious and immediately went down to see her [the resident]. He gave me orders to get her an appointment ASAP [as soon as possible] at the Wound Center. Now it's open and he said it was either a Stage 2 [partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed without slough. May also present as an intact or open/ruptured blister] or 3 pressure ulcer [full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining or tunneling]."</p> <p>During an interview on 05-30-14 at 1:45</p>			
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	<p>p.m., the Director of Nurses indicated the physician was not upset the resident did not go to the appointment, but that he wasn't aware it had gotten worse."</p> <p>A review of the local area hospital "Wound Center" report, dated 05-29-14 at 8:09 a.m., indicated the following: "Chief Complaint - unstageable pressure ulcer to right heel. Right heel wound with black center, surrounding red granulation tissue.</p> <p>3. A review of the facility policy on 05-29-14 at 10:00 a.m., titled "Change in a Resident's Condition or Status," dated as revised October 2010, indicated the following: "Policy Statement - Our facility shall promptly notify the resident, his or her attending physician and representative (sponsor) of changes in the resident's medical/mental condition, and/or status (e.g. changes in level of care, billing/payments, resident rights etc.)."</p> <p>"Policy Interpretation and Implementation 1. The Nurse Supervisor/Charge Nurse will notify the resident's Attending Physician or On-Call Physician when there has been: d) A significant change in the resident's physical/emotional/mental condition; e.)</p>			

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F000314 SS=G	<p>A need to alter the resident's medical treatment significantly; f.) A need to transfer the resident to a hospital treatment center; h.) Instructions to notify the physician of changes in the resident's conditions." 2. A "significant change" of condition is a decline or improvement in the resident's status that: a.) Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions (is not self limiting); b.) Impacts more than one area of the resident's health status; and c.) requires interdisciplinary review and/or revision to the care plan."</p> <p>This Federal tag relates to Complaints IN00149452 and IN00149483.</p> <p>3.1-5(a)(2) 3.1-5(a)(3)</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from</p>			
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	<p>developing.</p> <p>Based on observation, record review and interview the facility failed to ensure that when a resident presented with a pressure area the resident received the treatment and services to prevent the ulcer from deteriorating. This deficient practice resulted in Resident A transported to the local hospital Wound Care Center and the area required sharp debridement. This deficient practice effected 2 of 5 resident's reviewed for pressure ulcers in a sample of 9. (Resident "A" and Resident "I")</p> <p>Findings include:</p> <p>1. The record for resident "A" was reviewed on 05-28-14 at 11:25 a.m. Diagnoses included, but were not limited to, cerebral vascular accident, right hemiplegia, aphasia, dementia, chronic pain, hypertension, anxiety and pressure ulcer to the right heel. These diagnoses remained current at the time of the record review.</p> <p>A review of the Resident's Minimum Data Set assessment, dated 02-04-14 and the assessment dated 05-02-14, indicated the resident required extensive assistance by two staff members for transfer, bed mobility, dressing and toileting. Both assessments indicated the resident had</p>	F000314	<p>Disagree with findings of surveyor F314</p> <p>I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident A wound consult performed on 5/6/14 and continues to be treated by the wound center.</p> <p>Resident I wound consult performed on 5/28/14 and continues to be treated by the wound center.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>Resident's with pressure ulcers and at risk for pressure ulcers residing in the facility had the potential to be affected.</p> <p>III The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</p>	06/29/2014

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	<p>impairment on one side, with no pressure ulcer noted on the 02-04-14 assessment, but noted a Stage 1 (an observable, pressure related alteration of intact skin) area on the 05-02-14 assessment.</p> <p>A review of the resident's current plan of care, dated 04-17-14, indicated the resident had "two open abrasions to right heel caused by scooting self when in bed. Areas have evolved into 1 large area." "Approaches" to this plan of care included "Assess areas for s/s [signs or symptoms] of infection including reddened periwound, purulent &/or malodorous drainage, increased pain, elevated temp. [temperature]. Notify MD [Medical Doctor], wound nurse and POA [Power of Attorney] if present. Inform MD, wound nurse & family if areas worsen."</p> <p>A review of the Observation Report, dated 04-23-14 indicated the resident had developed "in house" area to the right inner foot posterior and right outer foot posterior. The report indicated the measurements for the right posterior were "0.8 cm (centimeters) in length by 0.6 cm in width," and the right outer posterior foot measurements included "1 cm in length by 0.9 cm in width." The "character" of the wound bed was</p>		<p>Licensed nurses werere-educated on prevention, assessment, treatment and documentation of pressureulcers. Licensed nurse #15 educated on assessment and documentation of pressureulcers.</p> <p>Residents with current pressure ulcers reviewed toensure the treatment ordered and interventions are in place to prevent furtherdecline of the wound, unless otherwise has been documented by the physician orwound clinic as unavoidable related to the residents risk factors , diagnosis,and/or medical conditions.</p> <p>Residents at risk for development of pressure ulcerhave been reviewed to ensure appropriate interventions are in place.</p> <p>Wound nurse or designee will complete the weeklypressure ulcer observations weekly and as needed</p> <p>Wound nurse or designee will communicate weekly andas needed the progression or change in condition of the pressure ulcer to thetreating physician and the current treatment being used.</p>	

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	<p>documented as "clean with no odor or exudate."</p> <p>A review of the "Observation Report, dated 04-30-14, indicated the resident continued to have the area to the right heel which now measured 6 cm by 3 cm - "half granulation, half purplish black." The nurse documented the area had "serosanguineous drainage with scant exudate."</p> <p>The Weekly Skin inspection report, dated 05-01-14 indicated the resident had "2 open areas on the right heel."</p> <p>During an interview on 05-29-14 at 2:00 p.m., the facility Wound Nurse #10, indicated she observed the area to the heel on 05-02-14 and documented the following: "Areas on the right heel assessed. Noted large amount of serous drainage had soaked through dressing applied earlier today. No odor present. Periwound erythematous, macerated and painful extending approx. [approximately] 2.5 cm out from wounds. Large amount of loose, dead tissue present around distal wound. Proximal wound bed beefy red, distal wound bed pale pink. MD [Medical Doctor] faxed description of wounds and current tx. [treatment] order."</p>		<p>IV The facility will monitor the corrective action by implementing the following measures.</p> <p>The DON or designee will audit the residents with pressure wounds for completion of accurate pressure wound observations, treatment, and interventions, weekly in Interdisciplinary meetings and as needed to ensure the facility has measures in place to prevent the decline of the pressure wounds.</p> <p>Any non-compliance identified will have re-education and/or disciplinary action presented up to termination.</p> <p>Results of this audit will be reviewed at the monthly Quality Assurance Committee meeting by the administrator and frequency and duration of reviews will be adjusted as needed.</p> <p>V. Plan of Correction completion date.</p> <p>Plan of Completion date is June 29, 2014.</p>				

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	<p>The Licensed Nurse #10 provided the communication note, documented by herself and sent to the attention of the physician. The communication note was dated 05-02-14 and indicated the following: "[illegible word] area on right heel has deteriorated since Monday. Periwound is red, warm, painful, has increased drainage from wound. Current treatment is Vasolex daily cover with foam. There is also quite a lot of loose, dead tissue around the wound." The Licensed Nurse indicated she spoke with the Director of Nurses about a debriding agent to be used over the weekend, but she failed to supply any additional information the physician was aware of the concern for the use of a debriding agent until the resident was transported to the local Wound Care Center.</p> <p>On 05-02-14 the physician called the facility and ordered "consult with wound center at [name of local area hospital] for heel ulcer."</p> <p>When the resident was evaluated at the local wound center, 7 days after the Licensed Nurse #15 documented a change in the areas, and 4 days after the facility Wound Care Nurse #10 also assessed the areas, the following notation was documented by the wound care physician specialist:</p>			

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	<p>"Date of Encounter: May 6, 2014. History of present illness: "...was seen today in the Wound Care Center for right heel pressure ulcer. He had developed a thick eschar in this area. The unstageable pressure ulcer located on the right heel has been present for approximately 4 days. The pressure ulcer is related to immobility. The pressure ulcer measures 2.3 cm in length by 3.5 cm in width by 0 cm in depth. The patient scores the pain as 5 on a scale of 0 to 10. There is no exudate draining from the pressure ulcer. The skin around the pressure ulcer is erythematous." The Wound Care physician indicated "I debrided the eschar today and will order Santyl for enzymatic debridement of the area daily at the ECF [extended care facility]."</p> <p>The facility "Observation Report," dated 05-07-14 10:26 a.m., (observed), and 05-08-14 at 10:42 a.m. (completed), indicated the location of the acquired - in house pressure ulcer to the right heel was a "Stage 2 ulcer [partial thickness loss of dermis presenting as a shallow open ulcer with a pink wound bed, without slough] which measured 3.0 cm in length by 2.4 cm in width and 0.1 cm in depth., with a moderate amount of serosanguineous exudate."</p>			
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	<p>The resident continued to be treated at the local Wound Care Center. The 05-13-14 report indicated the "unstageable pressure ulcer located on the right heel has been present for approximately 11 days. The pressure ulcer is related to immobility. The pressure ulcer measures 4 cm in length by 4 cm in width by 0 cm in depth. It has increased in size from it's original measurements of 2.3 cm in length by 3.5 cm in width and 0.1 cm in depth. There is minimum amount of serosanguineous exudate draining from the pressure ulcer."</p> <p>A review of the 05-20-14 notation by the Wound Care Center indicated, "[Name of resident] has a large deep pressure ulcer on his right heel. The necrosis may extended to the bone."</p> <p>During an observation on 05-28-14 at 10:15 a.m., the Wound Care Nurse Employee #10 indicated, "Santyl [a debriding agent] was continued this morning. It was debrided yesterday - yes it appears she [the Wound Care Physician] debrided it all the way to the bone. It started out as an abrasion from scooting around in bed - it's on his effected side."</p> <p>During an interview on 05-30-14 at 9:00</p>			
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	<p>a.m., Licensed Nurse #15, indicated, "[Resident name] yes they [Administrative Staff Members] talked to me today about it. I saw just what I charted, partially granulation and partially purplish black in the wound bed. I wasn't aware that it was a significant change, no and I didn't notify the doctor."</p> <p>During an interview on 05-28-14 at 8:45 a.m., a concerned family member indicated the area to the resident's heel "has gotten worse. We took [name of resident] to the Wound Doctor yesterday. The Doctor told me the wound didn't get there overnight."</p> <p>2. The record for Resident "I" was reviewed on 05-30-14 at 11:00 a.m. Diagnoses included, but were not limited to, altered mental status, dysphagia, dementia, hypertension, depressive disorder, cerebral vascular accident and pemphigous. These diagnoses remained current at the time of the record review.</p> <p>The resident's record indicated the resident was seen by the local hospital Wound Care Center. The 05-13-14 report indicated the following: "Orders #1 - foam dressing to right heel, change every 72 hours or when 75% saturated. Progress Note: Right heel</p>						

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	<p>blister - rubbing from shoe ? Need to watch for pressure in this area. Return appointment 05-27-14 at 10:30 a.m."</p> <p>A review of the Weekly Skin report dated 05-16-14, indicated "pressure ulcer right heel. Right heel blister monitored by wound center and wound nurse. Protective boots to bilateral feet in place." The 05-21-14 Weekly Skin report lacked documentation of the area to the resident's right heel. However the 05-23-14 report indicated "right heel bulli."</p> <p>A progress noted dated 05-28-14 at 3:22 p.m., indicated "[Name of individual at the hospital Wound Care Center] from the Wound Center states she spoke with Licensed Nurse - East Unit Manager #16, from facility on 05-27-14. Wound appointment canceled stating 'the blisters are healed and there's no need for wound care at this time.'"</p> <p>A progress note dated 05-28-14 at 3:12 p.m., indicated, "MD notified while in facility and states he was not aware resident did not go to wound center appointment. Received a new order from MD to make appointment as soon as possible with [name of hospital] Wound Center." During an interview on</p>			

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	<p>05-30-14 at 10:25 a.m., Licensed Nurse #17 indicated "it started as a blister. Once it opened [name of physician] wanted her to be seen by the Wound Clinic. [Name of Licensed Nurse #16, the Unit Manager of the East Unit, and Licensed Nurse #10, the facility Wound Care Nurse, said she didn't need to go and they canceled the order. When [name of physician] came in he didn't know anything about the order being canceled. He was furious and immediately went down to see her [the resident]. He gave me orders to get her an appointment ASAP [as soon as possible] at the Wound Center. Now it's open and he said it was either a Stage 2 [partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed without slough. May also present as an intact or open/ruptured blister] or 3 pressure ulcer [full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining or tunneling]."</p> <p>A review of the local area hospital "Wound Center" report, dated 05-29-14 at 8:09 a.m., indicated the following: "Chief Complaint - unstageable pressure ulcer to right heel. Right heel wound</p>			

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F000353 SS=E	<p>with black center, surrounding red granulation tissue."</p> <p>During an observation on 05-30-14 at 11:45 a.m., the resident was seated in her wheelchair, and gave permission for the wound to be assessed. The resident indicated the area was "sore." The dressing was removed by Licensed Nurse #17. The dressing had serosanguineous drainage with a small amount of yellow exudate. The Wound Nurse Licensed Nurse #10 assessed the area and indicated the wound was "40 % granulation, with 60% slough. The periwound is dry." A brown area was noted in the center of the wound.</p> <p>During an interview on 05-30-14 at 1:45 p.m., the Director of Nurses indicated the physician was not upset the resident did not go to the appointment, but that he wasn't aware it had gotten worse."</p> <p>This Federal tag relates to Complaint's IN00149452 and IN00149483.</p> <p>3.1-40(a)(1) 3.1-40(a)(2) 3.1-40(a)(3)</p> <p>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff</p>						

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	<p>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, record review and interview the facility failed to ensure sufficient staff, in that when the East Unit, had a large resident population of dependent residents the facility failed to ensure the staffing numbers met the needs of the residents in regards to medication administration, repositioning, transfers, and activities of daily living. This deficient practice effected 10 of 10 sampled residents and had the potential to affect all 48 residents who resided on this unit. (Resident "A", "B", "C", "D", "E", "F", "G", "H", "I" and "J").</p> <p>Findings include:</p>	F000353	<p>F353</p> <p>I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</p> <p>5/4/14 The DON reported to assist staff with care on the East unit at the time reported to her about the staffing.</p> <p>5/28/14 the unit manager and other nurse managers assisted on the floor with care.</p> <p>5/29/14 the unit manager and other nurse managers assisted on</p>	06/29/2014

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	<p>This Unit had 48 residents.</p> <p>1. During an interview on 05-28-14 at 9:00 a.m., the Staff Development Coordinator indicated the unit had 3 CNA's with 1 CNA in orientation and 2 Nurses. The CNA in orientation worked side by side with another staff member.</p> <p>During interview on 05-29-14 at 10:30 a.m., CNA (Certified Nurses Aide) #12 identified 35 residents on this Unit as incontinent and 18 residents required 2 staff members for transfers. CNA #12, CNA #2 and CNA #13 indicated their assignments were as follows:</p> <p>a.) 17 residents - 11 of which were incontinent, 6 residents required 2 staff members for transfers and the CNA provided 2 showers.</p> <p>b.) 15 residents, of which 12 residents were identified as incontinent and 6 residents required 2 staff members for transfers, and 3 residents were provided showers.</p> <p>c.) 16 residents - 13 residents were incontinent, 6 residents required 2 staff members for transfer and the CNA provided 4 showers.</p> <p>During an interview on 05-30-14 at 10:17 a.m., CNA #1 indicated the East Unit is</p>		<p>the floor with care.</p> <p>The staffing was adjusted on 5/30/14 to put in place additional resources for the day shift.</p> <p>The facility continues to recruit and hire to fill the C na positions.</p> <p>Resident A reviewed and resident is receiving bathing per schedule</p> <p>Resident B reviewed and resident is receiving bathing per schedule and is able to go to bed per her choice, and transferred per hoyer with 2 person assist.</p> <p>Resident C reviewed and resident is receiving bathing per schedule, transferred per 2 with a mechanical lift, and is being laid down per resident preference.</p> <p>Resident D reviewed and is receiving bathing per schedule.</p> <p>Resident E reviewed and is receiving bathing per schedule.</p> <p>Resident F reviewed and is receiving bathing per schedule.</p> <p>Resident G reviewed and is receiving bathing per schedule.</p> <p>Resident H reviewed and is</p>	

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	<p>"rough... One weekend we only had 2 CNA's and 2 nurses. No one came to help us. East is a hard unit, it's heavy care. I'm not going to lie - we don't always give the showers, there are a lot and not enough time. We try to make sure everyone is real clean and we get them cleaned up when most of them are in bed."</p> <p>During an interview on 05-30-14 at 8:00 a.m., the Staffing Coordinator indicated she had "Guidelines to staff the units. When I started they went over the size of each unit and the heavier load shifts and changes. What is ideal and what is allowable are two different things. The East Unit is a heavy unit, and there are 2 people transfers and incontinent residents. The decision of 3 CNA's on East unit was that if it was spaced out enough 3 CNA's would be enough and it was done before I started. They are trying to hire more staff. The problem is hiring quality people. The CNA's on that unit are very busy. That unit has two nurses and the Unit Manager. We don't use Agency staff here."</p> <p>The staffing sheets for 05-03-14 - Saturday - indicated the day shift started with 3 CNA's but at 10:00 a.m., 1 of the 3 CNA's left. The staffing record did not indicate the staff member was replaced,</p>		<p>receiving bathing perschedule and being gotten up and laid down per preference.</p> <p>Resident I reviewed and is receiving care per planof care.</p> <p>Resident J reviewed and is receiving care per planof care.</p> <p>Resident A medication administration times reviewedand medications are given per time ordered.</p> <p>Resident B medication administration times reviewedand medications are given per time ordered.</p> <p>Resident D medication administration times reviewedand medications are given per time ordered.</p> <p>Resident E medication administration times reviewedand medications are given per time ordered.</p> <p>Residents dependent on staff for care needs willreceive sufficient staff to meet their needs per plan of care.</p>		

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	<p>thus only 2 CNA's were left to work the unit.</p> <p>The staffing sheets for 05-04-14 - Sunday - originally indicated the East Unit worked on day shift with 2 Nurses and 3 CNA's. When the time cards were requested, 1 CNA's was documented as "called in." The 2 remaining CNA's #1 and #2 worked without additional assistance until 12:00 p.m. The day shift is completed at 2:00 p.m.</p> <p>The staffing sheets "as worked" for two days of the survey indicated the East Unit had 2 nurse and 3 CNA's for day shift on 05-28-14, 2 nurses and 3 CNA's for evening shift and 2 nurses and 2 CNA's for night shift.</p> <p>The staffing sheets for 05-29-14 indicated the East Unit had 2 nurses and 3 CNA's for day shift and evening shift. The night shift had 2 nurses and 2 CNA's.</p> <p>The shower schedule for the East Unit was reviewed. The following was noted:</p> <p>Monday - 8 showers on day shift and 7 showers on evening shift. Tuesday - 10 showers on day shift and 6 showers on evening shift. Wednesday - 9 showers on day shift and 6 showers on evening shift.</p>		<p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>Residents who are dependent on staff to provide careservices have the potential to be affected.</p> <p>III. The facility will put into place the followingsystematic changes to ensure that the deficient practice does not recur.</p> <p>Medication pass times on East hall reviewed andadjusted on hall assignments to ensure residents receive their medications ontime.</p> <p>Nursing assigned duties have been reviewed and dailyroutines/schedules have been adjusted to ensure resident's needs are met timelyby the nursing staff.</p> <p>Licensed staff to be re-educated on medicationadministration times, breakfast administration duties, and documentation ofmedication pass.</p> <p>Shower/bathing schedules on East hall reviewed and adjustedto ensure residents receive their bathing preferences timely and</p>	

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NAME OF PROVIDER OR SUPPLIER HARBOUR MANOR HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1667 SHERIDAN RD NOBLESVILLE, IN 46060
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	<p>Thursday - 8 showers on day shift and 6 showers on evening shift.</p> <p>Friday - 10 showers on day shift and 5 showers on evening shift.</p> <p>Saturday - 8 showers on day shift and 7 showers on evening shift.</p> <p>Sunday - 8 showers on day shift and 4 showers on evening shift.</p> <p>The facility provided the names of residents along with the date and time of a fall occurrence.</p> <p>This report indicated there were 29 falls, 13 falls occurred during the day shift and 16 on evening/night shift.</p> <p>Four falls were witnessed, 10 were unwitnessed, 1 resident slid out of the lift chair and 13 residents although identified with a fall no further information was provided.</p> <p>2. ADL (Activities of Daily Living) - indicated:</p> <p>a. Resident "A" had a pressure ulcer to the right heel, and moisture associated skin breakdown on buttocks. The "Point of Care History," from 05-01-14 through 05-24-14 indicated the resident had 2 showers. The resident was identified as "total care" for bathing, and extensive</p>		<p>per their desired schedule.</p> <p>Nursing staff to be re-educated on shower/bathing schedules.</p> <p>Staffing patterns reviewed with staff and administration to ensure staffing patterns are at acceptable levels at all times so residents receive adequate support and care for their dependent needs.</p> <p>Staffing coordinator, nursing staff, and on-call managers to be re-educated on minimum staffing patterns, on call –procedures, including minimum staffing and call in replacements, and time frames for reporting call offs.</p> <p>Staffing thresholds for all shifts have been put into place and staff have been inserviced to contact the administrator and/or the director of nursing if any shift does not meet the staffing threshold. The director of nursing, administrator or designee will ensure that all shifts that are scheduled, according to the acceptable staffing patterns, are filled or a replacement will be provided. This is to ensure; medication is administered timely, residents are repositioned per individual needs, transfers of</p>	

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	<p>assistive of 2 staff members with transfer, bed mobility, dressing, eating, hygiene, toileting and was incontinent of bowel and bladder. The resident's record indicated the resident required a mechanical lift for transfers.</p> <p>b. Resident "B" "Point of Care History," from 05-01-14 through 05-23-14 indicated the resident had 2 showers in 23 days. During an interview on 05-29-14 at 1:10 p.m., the resident indicated she "requested to lay down before dinner because it awful if you have to wait until after dinner. There's just not enough CNA's to help us. It's like pulling teeth to get someone to lay me down. It takes 2 people and they have to use the Hoyer lift."</p> <p>The record indicated the resident was total care to extensive assistance for transfers, bed mobility, dressing, hygiene and toileting. The resident was incontinent of bowel and had moisture associated skin damage.</p> <p>c. Resident "C" "Point of Care History" from 05-01-14 through 05-26-14 indicated this dependent resident received 5 showers. The resident assessment dated 04-29-14 indicated the resident required extensive assistance with transfer, bed mobility, dressing, eating,</p>		<p>residents are performedadequately, activities of daily living are provided timely and all otherdependent needs of the residents are met for each shift.</p> <p>IV The facility will monitor the corrective action by implementing the following measures.</p> <p>The Administrator/designee will audit daily staffingpatterns to ensure compliance with minimum staffing patterns daily times 4weeks, weekly x 4 weeks, monthly x 1 month, then quarterly thereafter totaling12 months.</p> <p>Medication administration times report will bemonitored daily x 4 weeks, weekly x 4 weeks, monthly x 1 month, and quarterlythereafter totaling 12 months.</p> <p>Employees not following the minimum staffingstandard will be re-educate and/or disciplined up to termination. Staffing thresholds for all shifts have been putinto place and staff have beeninserviced to contact the administrator and/or the</p>				

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	<p>hygiene, and toileting. The resident was incontinent of bowel and bladder and had moisture associated skin damage and a suspected deep tissue injury. The resident required the use of a mechanical lift for transfers. During an interview on 05-29-14 at 11:25 a.m., CNA #12 indicated she "got the resident up when I came in this morning, that was around 6:00 a.m. The resident remained up and in her wheelchair until 11:25 a.m., without repositioning.</p> <p>d. Resident "D" "Point of Care History" from 05-01-14 thru 05-27-14 indicated the resident had 1 shower during this time period.</p> <p>e. Resident "E" "Point of Care History" from 05-01-14 through 05-27-14 indicated this dependent resident had 2 showers and 1 tub bath in 27 days. This resident was assessed as required extensive assistance with transfer, bed mobility, dressing, eating, hygiene and toileting. This resident had a pressure ulcer to her sacral area which required a "wound vac.," and left foot pressure ulcer.</p> <p>During an interview on 05-30-14 at 12:15 p.m. - The family member of dependent resident "E" indicated "I come here every day and just about every day there is</p>		<p>director of nursing if anyshift does not meet the staffing threshold. The director of nursing, administrator or designee will ensure that allshifts that are scheduled, according to the acceptable staffing patterns, arefilled or a replacement will be provided. This is to ensure; medication is administered timely, residents arerepositioned per individual needs, transfers of residents are performedadequately, activities of daily living are provided timely and all otherdependent needs of the residents are met for each shift.</p> <p>Results of the audits will be presented at themonthly Quality Assurance Committee meeting by the administrator and frequencyand duration of audit/reviews will be adjusted as needed.</p> <p>V. Plan of Correction completion date.</p> <p>Plan of Completion date is June 29, 2014.</p>		

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	<p>something wrong. The splints are not on correctly. The staff are nice and all but there are not enough of them. I could go on and on. I've been thinking about calling Corporate. I've talked with [name of Administrator] - he's nice and all - but nothing seems to change."</p> <p>f. Resident "F" "Point of Care History" from 05-01-14 thru 05-27-14 indicated the resident received 5 showers.</p> <p>g. Resident "G" "Point of Care History" from 05-01-14 thru 05-27-14 indicated the resident received 2 showers during this time period.</p> <p>h. Resident "H" "Point of Care History" from 05-01-14 thru 05-28-14 indicated this dependent resident had 1 shower and 1 bed bath in 28 days. This resident was assessed as extensive assistance with bed mobility, transfers, dressing eating, hygiene, toileting and was incontinent of bowel and bladder. During an interview on 05-29-14 at 8:00 a.m., this resident was identified by CNA #13 as a resident that is "gotten up by night shift. I didn't get her up this morning and my shift starts at 6:00 a.m. During observation this resident remained in her wheelchair until 11:15 a.m., at which time a skin assessment was requested. Although the resident was not incontinent her bilateral</p>			

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	<p>buttocks were red and had deep indentation from the incontinent brief.</p> <p>i. Resident "I" This resident was identified with "Moisture Associated Skin Damage" to her inner buttocks. The resident had a pressure ulcer on her right heel.</p> <p>j. During an interview on 05-30-14 at 11:30 a.m. - The family member of dependent resident "J" indicated "I'm thinking about calling the main guy at corporate. The people here are nice but there's just not enough help. We're always waiting. They need to do something." Resident J had moisture associated skin damage.</p> <p>3. The Medication Administration Records were reviewed for 4 of 5 residents reviewed for medications in a sample of 9. These residents included "A", "B", "D" and "E".</p> <p>Late medications administration were noted as follows:</p> <p>a. Resident "A" had physician orders of Ativan (an anti-anxiety medication) 0.5mg (millegrams) BID (two times a day) at 7:00 a.m. and 3:00 p.m.</p> <p>The medication was dispensed late on 05-03-14 (given at 8:16 p.m.), 05-04-13</p>			

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	<p>(given at 7:00 p.m.), 05-09-14 (given at 8:42 p.m.), 05-17-14 (given at 5:18 p.m.), 05-18-14 (given at 5:06 p.m.), 05-19-14 (given at 10:56 p.m.), 05-23-14 (given at 6:23 p.m.), 05-26-14 (given at 5:54 p.m.).</p> <p>The resident had physician orders for Depakote sprinkles (a medication for seizures) 125 mg BID at 7:00 a.m. and 3:00 p.m.</p> <p>This medication was documented as late administration on 05-03-14 (given at 8:16 p.m.), 05-04-14 (given at 7:00 p.m.), 05-17-14 (given at 5:18 p.m.), 05-18-14 (given at 5:06 p.m.), 05-19-14 (given at 10:56 p.m.), 05-26-14 (given at 5:54 p.m.).</p> <p>The resident had physician orders for Flexeril (a muscle relaxant) to be dispensed TID (three times a day) at 7:00 a.m., 11:00 a.m., and 7:00 p.m.</p> <p>This medication was documented as late administration on 05-03-14 (given at 8:16 p.m.), 05-09-14 (given at 8:42 a.m.), 05-19-14 (given at 10:56 p.m.), 05-23-14 (given at 8:07 a.m.), 05-23-14 (given at 12:10 p.m.), 05-24-14 (given at 8:19 a.m.), 05-25-14 (given at 8:56 p.m.).</p> <p>The resident had physician orders for Metoprolol succinate (a blood pressure</p>			

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	<p>medication) BID at 7:00 a.m. and 7:00 p.m.</p> <p>This medication was documented as late administration on 05-03-14 (given at 8:42 p.m.), 05-07-14 (given at 8:18 p.m.), 05-09-14 (given at 8:42 a.m.), 05-19-14 (given at 10:56 p.m.), 05-24-14 (given at 8:19 p.m.), 05-25-14 (given at 8:56 p.m.).</p> <p>The resident had physician orders for Zantac (an anti-ulcer medication) 150 mg BID at 7:00 a.m. and 7:00 p.m.</p> <p>This medication was documented as late administration on 05-03-14 (given at 8:16 p.m.), 05-09-14 (given at 8:42 a.m.), 05-19-14 (given at 10:56 p.m.), 05-25-14 (given at 8:56 p.m.).</p> <p>b. Resident "B" had physician orders for Cymbalta (an anti depressant medication) 60 mg BID at 8:00 a.m. and 8:00 p.m.</p> <p>The medication was documented as late administration on 05-11-14 (given at 10:07 p.m.), and 05-12-14 (given at 9:10 p.m.).</p> <p>The resident had physician orders for Gabapentin (an anticonvulsant medication) 300 mg TID (three times a day).</p>			

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	<p>This medication was documented as late administration on 05-11-14 (given at 10:07 p.m.), 05-12-14 (given at 9:10 p.m.).</p> <p>The resident had physician orders for Senna laxative 8.6 mg BID at 8:00 a.m. and 8:00 p.m.</p> <p>The medication was documented as late administration on 05-11-14 (given at 10:07 p.m.), and 05-12-14 (given at 9:10 p.m.).</p> <p>c.) Resident "D" had physician orders for Colace (a stool softener) 100 mg BID at 7:00 a.m. and 7:00 p.m.</p> <p>This medication was charted as late administration on 05-03-14 (given at 8:24 a.m.), 05-04-14 (given at 10:07 a.m.), 05-14-14 (given at 8:36 a.m.) and 05-17-14 (given at 8:59 p.m.)</p> <p>The resident had physician orders for Ferrous sulfate (an iron supplement) 325 mg BID. The record indicated late administration on 05-04-14 (given at 10:07 a.m.), 05-14-14 (given at 8:36 a.m.), 05-17-14 (given at 10:15 a.m.), 05-27-14 (given at 5:03 p.m.).</p> <p>The resident had physician orders for Vitamin C 250 mg BID. The record</p>			

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	<p>indicated late medication administration on 05-04-14 (given at 10:07 a.m.), 05-12-14 (given at 8:39 a.m.),</p> <p>d. Resident "E" had physician orders for Calcium 500 mg TID at 8:00 a.m., 12:00 p.m. and 4:00 p.m.</p> <p>The record indicated late medication administration on 05-04-14 (given at 1:16 p.m.), 05-23-14 (given at 1:20 p.m.), and 05-27-14 (given at 9:07 a.m.).</p> <p>The resident had physician orders for a Protein supplement to be given TID at 8:00 a.m., 12:00 p.m. and 5:00 p.m. This resident had a pressure ulcer.</p> <p>The record indicated late administration on 05-02-14 (given at 6:24 p.m.), 05-04-14 (given at 1:16 p.m.), 05-05-14 (given at 9:00 p.m.), 05-12-14 (given at 1:17 p.m.), 05-23-14 (given at 1:20 p.m.)</p> <p>During an interview on 05-30-14 at 9:00 a.m., Licensed Nurse #15 indicated "There are 2 nurses for the East unit for day shift. At 8:00 a.m., we're expected to be in the dining room, and then the medications are late. When we have 3 CNA's we consider ourselves lucky. Heart pills are late and sometimes the blood sugars are late. It's inconsistent."</p>			

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

PRINTED: 06/11/2014
FORM APPROVED
OMB NO. 0938-0391

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	This Federal tag relates to Complaints IN00149452 and IN00149483. 3.1-17(a)				