

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155331	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/11/2016
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP CODE 3405 N CAMPBELL RD VALPARAISO, IN 46385
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00196994.</p> <p>Complaint IN00196994 - Substantiated. Federal/State deficiency related to the allegations was cited at F311.</p> <p>Survey dates: May 10 & 11, 2016</p> <p>Facility number: 000224 Provider number: 155331 AIM number: 100267700</p> <p>Census bed type: SNF: 19 SNF/NF: 78 Total: 97</p> <p>Census payor type: Medicare: 25 Medicaid: 61 Other: 11 Total: 97</p> <p>Sample: 4</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 32883 on</p>	F 0000	<p>I respectfully request consideration for paper compliance. I have forwarded the signed 2567 via fax today (5-23-16) to 1-317-233-7322. I will also forward all documents, inservices, etc. upon date certain to the same number listed above. Please reference the attached 2567 as "Credible Allegation of Compliance" for our complaint survey conducted on May 11, 2016. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Laws. Please feel free to contact us should you have any questions. Thank you. Amber Janeczko, Executive Director</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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F 0311 SS=D Bldg. 00	<p>5/12/16.</p> <p>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>Based on record review and interview, the facility failed to ensure a resident received the appropriate services to maintain hygiene, related to the staff not offering to assist the resident with her showers as preferred for 1 of 3 residents reviewed for bathing in a total sample of 4. (Resident #B)</p> <p>Finding includes:</p> <p>During an interview on 5/10/16 at 1:25 p.m., Resident #B indicated the CNAs have not helped her with her showers and she had not received a shower for three weeks.</p> <p>During an interview on 5/11/16 at 1:20</p>	F 0311	<p>F311</p> <p>1.The DON and designees reviewed the shower documentation recorded for resident B, then met with the resident to gain insight into her preferences. Based upon the preferences resident B verbalized to the DON, the Care Directive was updated to state that resident B prefers to decide when she feels up to having a shower rather than have specific assigned shower days. Per her choice, on the day that she decides to have a shower, she will alert her CNA to her decision before 8am to arrange for staff assistance with her shower. Administrative staff will meet with her weekly to assess her hygiene, discuss her satisfaction with the process and determine if any further action</p>	06/07/2016			

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	<p>p.m., Resident #B indicated she was scheduled for showers on the odd number days. Resident #B indicated she had not received a shower for three weeks. Resident #B indicated she refused showers occasionally, but the staff had not even asked her if she would like a shower.</p> <p>Resident #B's record was reviewed on 5/11/16 at 9:40 a.m. The resident's diagnoses included, but were not limited to, hypertension and depression.</p> <p>An Annual Minimum Data Set assessment, dated 4/21/16, indicated the resident's cognition was intact and required limited assistance of one staff for hygiene and bathing.</p> <p>A CNA care directive, received as current from the DON (Director of Nursing) on 5/11/16 at 9:50 a.m., included, "...Make every effort to honor choices and preferences as often as you can...honor resident request to offer a shower by 8 a.m. every other day...(Resident Name) requesting to have showers every other day (on odd numbered days)..."</p> <p>The Monthly Flow Report, dated 4/2016, indicated the resident had a shower on 4/24/16. The Monthly Flow Report, dated 5/2016, indicated the next shower</p>		<p>needs to be taken.</p> <p>2.The DON and designees compiled data for all current facility residents specific to the documentation of showers/bed baths for the previous seven days to identify any other residents whose showers/bed baths were not documented as given per the shower/bed bath schedule. Residents without documentation of at least two showers/bed baths in that time frame were interviewed by the DON or designee to determine if this matched preferences and reflected accurate documentation. A shower/bed bath was provided by 5/18/16 to any resident with less than two showers/bed baths in the past week unless the resident refused. By 5/18/16, the DON and designees also made contact with each facility resident to ensure that the resident's hair and body were clean without evidence of offensive body odor.</p> <p>3.Education was developed by the SDC and designees specific to honoring choices of the resident and specifically resident choices for showers/bed baths. Also provided within the educational material was the steps to be taken when a resident refuses a scheduled shower/bed bath. The Staff Development Coordinator will present this education to CNA staff by 6/3/16.</p> <p>4.The DON or designee will audit Sofcare 7 day look back</p>				

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	<p>the resident had was 5/11/16. The Monthly Flow Report indicated the resident was not offered or given a shower on April 25, 27, and 29, 2016 and May 1, 3, 5, 7, and 9, 2016.</p> <p>During an interview on 5/11/16, LPN #1 indicated Resident #B would sometimes refuse showers. LPN #1 indicated the showers were not marked as given on the odd days.</p> <p>During an interview on 5/11/16 at 1:30 p.m. the DON indicated if the resident would have refused the showers, CNAs would have documented the shower was refused.</p> <p>This Federal Tag relates to complaint IN00196994.</p> <p>3.1-38(a)(2)(A)</p>		<p>ADL data for bathing records of 5 residents per week and resident B for six months to ensure that showers/bed baths are documented and/or refusals reported as per policy. The DON or designee will analyze trending data monthly and present a report of her findings at the monthly QA/QI meeting and an action plan will be developed for any negative trends. Criteria for determining that monitoring is no longer necessary will be 95% accuracy. If audits do not meet this criteria, audits will continue for an additional six months at the current schedule. At that time, analysis of data will be done to ensure the deficient practice does not reoccur and/or adapt audit schedules.</p> <p>DATE CERTAIN: 6-7-16</p>		