

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/05/2014
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NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N TODD DR SCOTTSBURG, IN 47170
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F000000	<p>This visit was for the Investigation of Complaints IN00149714 and IN00149804.</p> <p>Complaint IN00149714 - Substantiated. Federal/state deficiencies are related to the allegations are cited at F353.</p> <p>Complaint IN00149804 - Substantiated. Federal/State deficiencies related to the allegations are cited at F353.</p> <p>Survey Dates: June 4 and 5, 2014</p> <p>Facility number: 000478 Provider number: 155494 AIM number: 100290430</p> <p>Survey team: Randall Fry, RN</p> <p>Census bed type: SNF/NF: 77 Total: 77</p> <p>Census payor type: Medicare: 11 Medicaid: 62 Other: 4 Total: 77</p> <p>Sample: 5</p>	F000000	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal Laws.	

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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F000353 SS=E	<p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on June 6, 2014, by Brenda Meredith, R.N.</p> <p>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>Based on record review and interviews, the facility failed to ensure sufficient direct care nursing staff were on duty to</p>	F000353	<p><u>F353-Nursing Services – Sufficient Staffing -</u> The Facility must have sufficient staffing to provide nursing and</p>	07/05/2014			

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	<p>provide nursing care to residents. (Resident A, B and H).</p> <p>Findings include:</p> <p>An interview with Resident A, on 6/4/14 at 9:30 AM, indicated there are often not enough staff available to help him get up when he needs to or wants to. Resident A indicated staff response to call lights was often slow due to not enough staff working.</p> <p>An interview with Resident B, on 6/4/14 at 10:00 AM, indicated there are often not enough staff to care for residents especially in the evening and at night. Resident B indicated staff response to call lights was often slow due to not enough staff working.</p> <p>An interview with Resident H, on 6/4/14 at 11:55 AM, indicated there are not enough staff at night to turn him and reposition him timely. Resident H indicated staff are good and try hard, but call light response is very slow sometimes, taking over 30 minutes due to not enough staff working and the number of residents requiring a lot of care.</p> <p>Anonymous interviews with direct care staff including nurses and CNAs (Certified Nursing Assistants) included</p>		<p>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 WATERS OF SCOTTSBURG RESPECTFULLY REQUESTS PAPER/DESK COMPLIANCE BE GRANTED FOR THIS CITATION **</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i></p> <p>It is the policy of this facility to provide the services required to provide the utmost functionality for our residents. The facility is consistently recruiting staff in an effort to have the personnel available to meet whatever resident needs are presented. In addition to continuing our numerous recruiting efforts, the facility has determined that the next logical step in maintaining appropriate staffing, is to control the turnover of new staff. New hire orientation has been expanded to be much more comprehensive, and now involves all the department heads to emphasize our importance on training and retention. Nursing staff will have a minimum of 5 days of floor orientation, at which point, they will meet with the Administrator and/or the Director of Nursing to determine any</p>				

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	<p>the following:</p> <p>Employee #1: Care usually gets done, but it is very hard due to the number of residents who are heavy care and not enough direct care staff on duty. Employee #1 indicated there was at least one incident of a resident being incontinent of urine due to not being able to answer the resident's call light timely. Employee #1 indicated a lot of staff had resigned or "walked out" of the facility recently.</p> <p>Employee #2: The night shift is often short staffed, especially when residents with behavior problems including physical aggression are put on a 1:1 staff coverage.</p> <p>Employee #3: Some night shifts only have 3 CNAs for the entire building and they are supposed to have a minimum of 4 or 5. Employee #3 indicated they sometimes need 6 CNAs if residents are on a 1:1 staff coverage.</p> <p>Employee #4: The facility went to two 12 hour shifts daily due to staff shortages. The staff are not always able to check and change residents for incontinence due to the number of heavy care residents and not enough staff on duty.</p>		<p>additional training needs, or resident care concerns from a fresh perspective. If additional training or resident care issues arise, they can be addressed immediately.</p> <p>In addition, the facility will hire an additional administrative assistant to help organize and lead the new orientation process, training, and to absorb some of the administrative overflow.</p> <p>The facility's Guardian Angel program as it operated was insufficient. Thus, Guardian Angel rounds will be reviewed daily at the facility's stand-down meeting to give management a final opportunity to identify and address any resident concerns before the day has expired. Guardian Angel rounds are conducted by the department heads and administrator. These rounds address, but are not limited to: overall cleanliness, care concerns, and dignity. Negative findings will be identified and corrected daily.</p> <p>A Recruiting and Retention Committee will be formed, with meetings held monthly to ensure appropriate feedback from staff and to ensure that all resident care needs are being met as well as relevant staff concerns. This process will be ongoing.</p> <p>Efforts will be made to form a Family Quality Assurance Committee. As our population is comprised of individuals from throughout the state, previous</p>		

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	<p>Employee #5: The facility is sometimes short staffed, and one resident had a fall because staff were unable to get to him in time.</p> <p>Employee #6: There are not enough staff to supervise residents, they cannot always check and change incontinent residents timely because of this.</p> <p>Employee #7: There are sometimes not enough staff on either shift, and they cannot always check and change residents or adequately supervise residents. There are a lot of residents requiring Hoyer lift transfers and 2 person transfers.</p> <p>Review of the current CNA assignment sheets provided by the DoN (Director of Nursing), on 6/4/14 at 8:45 AM, indicated 28 residents of 77 total residents required two staff to transfer them. Two additional residents sometimes required 1:1 staff coverage due to behavior problems including physical aggression.</p> <p>Review of the resident council minutes, dated 4/8/14, included, but was not limited to: "prolonged time on call lights at night time." The facility response included: "...nursing addressing...will reinservice [sic] staff on answering call</p>		<p>efforts to form such a committee have been unsuccessful.</p> <p>The administrator will make a request to be invited to the Resident Council Meetings so he may hear resident concerns first hand. If he is not invited to attend, meeting minutes will be provided immediately for review and correction.</p> <p><i>How will other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</i></p> <p>All residents could be affected by the same alleged deficient practice.</p> <p>During the daily review of Guardian Angel rounds, any and all concerns will be heard and addressed in the shortest timeframe possible. If needed, the IDT team can address any large concerns prior to leaving for the day. Previous review of Guardian Angel rounds were conducted and reviewed weekly. Moving forward, these processes will be completed and reviewed daily.</p> <p>When staffing concerns arise, or there becomes a critical staffing issue, management will fill in as appropriate. <i>What measures or what systemic changes will be made to ensure that the deficient practice does not reoccur?</i></p> <p>The above measures are being implemented permanently. The orientation process, Guardian Angel program, retention and</p>				

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	<p>lights-new nursing supervisor coming to 7p-7a shift...."</p> <p>Review of the resident council minutes, dated 5/2/14, again included, but was not limited to: "prolonged time on call lights at night time." The facility response was: "...nursing addressing."</p> <p>An interview with the facility administrator, on 6/4/14 at 2:00 PM, indicated they have had a number of resignations and terminations dating back to at least March 10, 2014, when the administrator sent a memo to the corporation regarding staff shortages. The administrator indicated they are attempting to hire new staff as much as possible but the staff turnover remains high.</p> <p>This Federal tag relates to Complaints IN00149714 and IN00149804.</p> <p>3.1-17(a)</p>		<p>recruiting committee has been changed at the facility level as a matter of published policy.</p> <p><i>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</i></p> <p>An audit will be performed by the SSD weekly, with a sample of 5 residents until there has been 4 consecutive weeks with zero negative staffing concerns. The administrator will speak to at least one resident family per week, until there have been 4 weeks with zero negative staffing concerns.</p> <p>These measures will be reviewed and adjusted accordingly based on monthly and quarterly QA meetings.</p>		