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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155625 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>10/21/2014 |
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| F000000            | <p>This visit was for the Investigation of Complaint IN00156704.</p> <p>Complaint IN00156704- Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: October 17, 20, and 21, 2014</p> <p>Facility number: 000305<br/>Provider number: 155625<br/>AIM number: 100287200</p> <p>Survey team: Penny Marlatt, RN, TC</p> <p>Census bed type:<br/>SNF/NF: 69<br/>Total: 69</p> <p>Census payor type:<br/>Medicare: 3<br/>Medicaid: 57<br/>Other: 9<br/>Total: 69</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> | F000000       | <p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a desk review in lieu of a Post Survey Review on or after November 7, 2014</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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| F000242<br>SS=D    | <p>Quality review completed on October 28, 2014 by Cheryl Fielden, RN.</p> <p>483.15(b)<br/>SELF-DETERMINATION - RIGHT TO MAKE CHOICES<br/>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.<br/>Based on interview and record review, the facility failed to ensure 2 of 2 residents interviewed regarding preferences and choices for smoking were able to timely participate in supervised smoking activities at the scheduled time due to unavailability of staff for the last scheduled smoke time of 9:30 p.m. (Resident #D and Resident #E)</p> <p>Findings include:</p> <p>1. Resident #D was indicated by the facility to be a reliably interviewable resident, as of 10-17-14, based upon an interview with the Clinical Education Coordinator during the Initial Tour and a</p> | F000242       | <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> · Resident #D and Resident #E were not harmed by alleged deficient practice. · All staff in-serviced on resident choices by 11/7/14 · Executive Director and Director of Nursing met with residents who participate in smoking at the facility on 10/21/14 to discuss smoke break times · Last smoke break time changed to 8:30pm per meeting with smoking residents on 10/21/14 · Specific staff member assigned to 8:30pm smoke break to ensure smoke break is started on time · Last smoke break is now scheduled on second shift</p> | 11/07/2014           |

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|                    | <p>listing provided by the Administrator of reliably interviewable residents.</p> <p>In interview with Resident #D on 10-21-14 at 9:40 a.m., he indicated he had resided at the facility for several months. He indicated, "The only problem I have, which might not be a big one, but it has to do with smoking times. They have to send somebody out with us when we go smoke to help and keep an eye on things. Well, the last smoke break, around 9:30 p.m., is late almost every single night. Apparently there's some patient here that takes about 4 of the aides to help [her/him] get turned or ready for bed every night. I guess it ends up being around our smoke time. Well, night before last, it ended up being 10:15 p.m. before we got to go out."</p> <p>2. Resident #E was indicated by the facility to be a reliably interviewable resident, as of 10-17-14, based upon an interview with the Clinical Education Coordinator during the Initial Tour and a listing provided by the Administrator of reliably interviewable residents.</p> <p>In an interview on 10-21-14 at 8:58 a.m., with Resident #E, he indicated he had resided at the facility for several years. He indicated, "The only thing I would really like to see different is that we need</p> |               | <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b></p> <ul style="list-style-type: none"> <li>· Residents who participate in smoke breaks have the potential to be affected by the alleged deficient practice.</li> <li>· All staff in-serviced on resident choices by 11/7/14 by Director of Nursing and/or designee</li> <li>· Executive Director and Director of Nursing met with residents who participate in smoking at the facility on 10/21/14 to discuss smoke break times</li> <li>· Last smoke break time changed to 8:30pm per meeting with smoking residents on 10/21/14</li> <li>· Specific staff member assigned to 8:30pm smoke break to ensure smoke break is started on time</li> <li>· Last smoke break is now scheduled on second shift</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· All staff in-serviced on resident choices by 11/7/14</li> <li>· Executive Director and Director of Nursing met with residents who participate in smoking at the facility on 10/21/14 to discuss smoke break times</li> <li>· Last smoke break time changed to 8:30pm per meeting with smoking residents on 10/21/14</li> <li>· Specific staff member assigned to 8:30pm smoke break to ensure smoke break is started on time</li> <li>· Last smoke break is</li> </ul> |                      |

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|   | <p>to have somebody available to take us out to smoke between 9:00 p.m. and 9:30 p.m. Seems like there's a [resident] here that needs most of the aides to help [her/him] get ready for bed about that same time. So, it ends up being between 9:45 p.m., and 10:00 p.m., almost every night. That's kind of late."</p> <p>In an interview with Staff Member #3 on 10-20-14 at 5:53 a.m., he indicated the time period each night around 9:30 p.m. is very hectic due to care needs of one resident's extensive care needs, getting ready for the even hour bed checks for the residents requiring that care and getting the five to ten residents out to supervise their smoking. He indicated, "The smoker's are the ones who have to wait and they don't really like that." Staff Member #3 indicated there are usually two to three nurses and four CNA's scheduled to work the night shift of 9:00 p.m. to 5:00 a.m. He indicated it usually requires 3 staff members to work with the one resident who requires extensive care needs and his/her care needs require 25 to 45 minutes during that time frame of 9:00 p.m. to 10:00 p.m.</p> <p>In an interview with Staff Member #1 on 10-20-14 at 4:46 a.m., she indicated the time period around 9:30 p.m. is very hectic related to one resident's extensive</p> |   | <p>now scheduled on second shift · Director of Nursing and/or Designee will meet with smoking residents weekly to ensure smoke breaks are started on time How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> <li>· A Smoking Policy CQI tool will be utilized by Director of Nursing and/or designee weekly x 4 weeks, monthly x 2 months and quarterly X1 for at least 6 months</li> <li>· Audit tools will be submitted to the CQI committee and action plans will be developed as needed if threshold of 100% is not met</li> </ul> |                      |   |

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| F000353<br>SS=D   | <p>care needs, even hour bed checks for those residents requiring that service and getting those residents outside for supervised smoking. She indicated, "It makes something late, no matter what."</p> <p>In an interview with the Administrator on 10-21-14 at 10:30 a.m., she indicated she could not find a specific written policy that stated adequate staffing is required to meet the needs of the residents; she indicated it was understood, as it was a [Federal] regulation.</p> <p>On 10-21-14 at 10:20 a.m., the Administrator provided a copy of the "as worked" schedules for nursing for 10-17-14 and 10-20-14. These schedules indicated on both dates, there were 6 staff members scheduled to work between 9:00 p.m. and 10:00 p.m. The census of the facility on 10-17-14 was indicated to be 69 residents.</p> <p>3.1-3(u)(1)<br/>3.1-3(u)(3)</p> <p>483.30(a)<br/>SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS<br/>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable</p> |   |   |   |  |   |  |

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|   | <p>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 interview and record review, the facility failed to ensure adequate staffing was available to allow timely supervised smoking activities for 2 of 2 residents who elected to participate in smoking activities for the last scheduled smoking time period of the day, scheduled for 9:30 p.m. each evening. The untimeliness of the scheduled smoking time caused undue stress to residents. (Resident #D and Resident #E)</p> <p>Findings include:</p> <p>1. Resident #D was indicated by the facility to be a reliably interviewable resident, as of 10-17-14, based upon an interview with the Clinical Education</p> | F000353   | <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> · Resident #D and Resident #E were not harmed by alleged deficient practice. · All staff in-serviced on resident choices by 11/7/14 · Executive Director and Director of Nursing met with residents who participate in smoking at the facility on 10/21/14 to discuss smoke break times · Last smoke break time changed to 8:30pm per meeting with smoking residents on 10/21/14 · Specific staff member assigned to 8:30pm smoke break to ensure smoke break is started on time · Last smoke break is now scheduled on second shift</p> <p><b>How will you identify other residents having the potential</b></p> | 11/07/2014  |  |   |  |

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|   | <p>Coordinator during the Initial Tour and a listing provided by the Administrator of reliably interviewable residents.</p> <p>In interview with Resident #D on 10-21-14 at 9:40 a.m. he indicated he had resided at the facility for several months. He indicated, "The only problem I have, which might not be a big one, but it has to do with smoking times. They have to send somebody out with us when we go smoke to help and keep an eye on things. Well, the last smoke break, around 9:30 p.m., is late almost every single night. Apparently there's some patient here that takes about 4 of the aides to help [her/him] get turned or ready for bed every night. I guess it ends up being around our smoke time. Well, night before last, it ended up being 10:15 p.m. before we got to go out."</p> <p>2. Resident #E was indicated by the facility to be a reliably interviewable resident, as of 10-17-14, based upon an interview with the Clinical Education Coordinator during the Initial Tour and a listing provided by the Administrator of reliably interviewable residents.</p> <p>In an interview on 10-21-14 at 8:58 a.m. with Resident #E, he indicated he had resided at the facility for several years. He indicated, "The only thing I would</p> |   | <p><b>to be affected by the same deficient practice and what corrective action will be taken.</b></p> <ul style="list-style-type: none"> <li>· Residents who participate in smoke breaks have the potential to be affected by the alleged deficient practice.</li> <li>· All staff in-serviced on resident choices by 11/7/14 by Director of Nursing and/or designee</li> <li>· Executive Director and Director of Nursing met with residents who participate in smoking at the facility on 10/21/14 to discuss smoke break times</li> <li>· Last smoke break time changed to 8:30pm per meeting with smoking residents on 10/21/14</li> <li>· Specific staff member assigned to 8:30pm smoke break to ensure smoke break is started on time</li> <li>· Last smoke break is now scheduled on second shift</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· All staff in-serviced on resident choices by 11/7/14</li> <li>· Executive Director and Director of Nursing met with residents who participate in smoking at the facility on 10/21/14 to discuss smoke break times</li> <li>· Last smoke break time changed to 8:30pm per meeting with smoking residents on 10/21/14</li> <li>· Specific staff member assigned to 8:30pm smoke break to ensure smoke break is started on time</li> <li>· Last smoke break is now scheduled on second shift</li> <li>· Director of Nursing and/or</li> </ul> |                      |   |

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|                    | <p>really like to see different is that we need to have somebody available to take us out to smoke between 9:00 p.m. and 9:30 p.m. Seems like there's a [resident] here that needs most of the aides to help [her/him] get ready for bed about that same time. So, it ends up being between 9:45 p.m. and 10:00 p.m. almost every night. That's kind of late."</p> <p>In an interview with Staff Member #3 on 10-20-14 at 5:53 a.m., he indicated the time period each night around 9:30 p.m. is very hectic due to care needs of one resident's extensive care needs, getting ready for the even hour bed checks for the residents requiring that care and getting the five to ten residents out to supervise their smoking. He indicated, "The smoker's are the ones who have to wait and they don't really like that." Staff Member #3 indicated there are usually two to three nurses and four CNA's scheduled to work the night shift of 9:00 p.m. to 5:00 a.m. He indicated it usually requires 3 staff members to work with the one resident who requires extensive care needs and his/her care needs require 25 to 45 minutes during that time frame of 9:00 p.m. to 10:00 p.m.</p> <p>In an interview with Staff Member #1 on 10-20-14 at 4:46 a.m., she indicated the time period around 9:30 p.m. is very</p> |               | <p>Designee will meet with smoking residents weekly to ensure smoke breaks are started on time</p> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> · A Smoking Policy CQI tool will be utilized by Director of Nursing and/or designee weekly x 4 weeks, monthly x 2 months and quarterly X1 for at least 6 months · Audit tools will be submitted to the CQI committee and action plans will be developed as needed if threshold of 100% is not met</p> |                      |

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|  | <p>hectic related to one resident's extensive care needs, even hour bed checks for those residents requiring that service and getting those residents outside for supervised smoking. She indicated, "It makes something late, no matter what."</p> <p>In an interview with the Administrator on 10-21-14 at 10:30 a.m., she indicated she could not find a specific written policy that stated adequate staffing is required to meet the needs of the residents; she indicated it was understood, as it was a [Federal] regulation.</p> <p>On 10-21-14 at 10:20 a.m., the Administrator provided a copy of the "as worked" schedules for nursing for 10-17-14 and 10-20-14. These schedules indicated on both dates, there were 6 staff members scheduled to work between 9:00 p.m. and 10:00 p.m. The census of the facility on 10-17-14 was indicated to be 69 residents.</p> <p>3.1-17(a)</p> |  |  |  |
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