

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155742	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/17/2014
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NAME OF PROVIDER OR SUPPLIER ST ANDREWS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 LAMMERS PIKE BATESVILLE, IN 47006
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F000000	<p>This visit was for a Recertification and State Licensure survey. This visit included a State Residential Licensure Survey</p> <p>Survey dates: October 6, 9, 10, 14, 15, 16, and 17, 2014.</p> <p>Facility number: 004671 Provider number: 155742 AIM number: 200538760</p> <p>Survey team: Rita Bittner, RN, TC Julie Dover, RN Tammy Forthofer, RN</p> <p>Census bed type: SNF: 13 NF: 21 SNF/NF: 18 Residential: 35 Total: 87</p> <p>Census payor type: Medicare: 13 Medicaid: 21 Other: 18 Total: 52</p> <p>Residential sample: 7</p>	F000000		

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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F000241 SS=E	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 24, 2014, by Janelyn Kulik, RN.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY 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. Based on interview and record review the facility failed to ensure residents who were dependent on staff for personal hygiene received those services in regards to assistance with toileting for 7 out of 35 residents interviewed. (Residents #49, 31, 80, 3, 51, 112, and 108)</p> <p>Findings include:</p> <p>1. During an interview on 10/09/2014 at 9:15 AM, Resident #49 indicated he had pressed his call light and it was up to 30 minutes for staff to respond. The request was for assistance to use the restroom.</p>	F000241	Resident # 112 was discharged on 10/15/14. Residents # 49, 31, 80, 3, 51,108 were interviewed by Social Service Director to insure they feel their call lights are being answered timely and their needs were being met for personal hygiene and assistance with toileting. The identified residents were informed to contact the social service director if any further concerns. All residents who are dependent for staff assistance with personal hygiene and toileting needs have the potential to be affected by the practice. <i>Call light audits will be conducted daily by DHS, ADHS,</i>	11/17/2014

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	<p>Resident expressed concerns about incontinent episodes.</p> <p>Record review of Resident #49 indicated he was cognitive, alert and needed assistance for mobility. He was occasionally incontinent and diagnosis included but not limited to hypertension and chronic obstructive pulmonary disease.</p> <p>2. During an interview on 10/09/2014 at 9:31 AM, Resident #31 indicated he has had to wait for up to 30 minutes for toileting assistance and has had voiding accidents while waiting. He indicated long waiting periods had occurred night and day.</p> <p>Record review of Resident #31 indicated he was cognitive, alert and needed extensive assistance for mobility. He was occasionally incontinent and diagnosis included but not limited to Parkinson's disease and hypertension.</p> <p>During an interview on 10/16/2014 at 10:20 AM, Staff # 2 indicated they escorted Resident #31 back to his room from the dining room, after his morning meal. The resident indicated to Staff #2 that he needed to be toileted. The staff member was not licensed to provide personal care and requested assistance</p>		<p><i>Social Services and Unit Coordinator and weekend manager x 4 weeks, then 3 x per week for 4 weeks, then weekly x 3 months, then monthly ongoing. The audits will be conducted throughout all shifts. Random Interviews will be conducted with a minimum of 8 residents per month by Social Service Director and or Nursing administration. The results of these audits and interviews will be reviewed in the daily Clinical Care Meeting as well as being presented to the monthly Quality Assessment and Assurance Committee for review. Action plans will be developed for any identified areas of non compliance. The action plans will be ongoing until substantial compliance is achieved. Ongoing compliance will also be monitored by Clinical Support during Peer Review process.</i></p> <p>All staff were re-educated on the guidelines for answering call lights, guidelines for toileting assistance and personal hygiene by the Director of Health Services, Assistant Director of Health Services and Unit coordinator. All remaining interviewable dependent residents in the facility were interviewed by Social Service Director, DHS, ADHS and Unit Coordinator to verify their needs are being met in regard to their call lights being answered timely, their personal hygiene, and toileting needs. Review of Call</p>				

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	<p>from two licensed staff members. After both staff members indicated they were busy with other duties, a third staff member was advised of the residents request and the non-licensed member returned to their responsibilities.</p> <p>During an interview on 10/16/2014 at 10:30 AM, Resident #31 indicated he had to wait for a long time to use the restroom after returning to his room following breakfast. The resident indicated he has had three to four accidents a week due to long responses from staff answering call lights.</p> <p>3. During an interview on 10/09/2014 at 10:12 AM, Resident #80 indicated she has waited for 20 to 30 minutes to go to the bathroom. She indicated the worst time of day to depend on staff was after a meal.</p> <p>Record review of Resident #80 indicated she was cognitive, alert and needed extensive assistance for mobility. She was occasionally incontinent and diagnosis included but not limited to depression and hypertension.</p> <p>4. During an interview on 10/09/2014 at 11:13 AM, Resident #3 indicated, "sometimes you ring the call light and they don't answer it at all".</p>		lights and personal care needs being met will be topics in resident council meetings to insure that issues are being identified and addressed timely. <i>systems will be completed 11/17/14</i>	

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	<p>During an interview on 10/14/2014 3:16 PM, Resident #3 indicated the staff were impatient when you ask for something. Staff tell you they will be back and never return. Resident #3 indicated two nights ago when staff placed her in bed, she asked to be moved up in bed. Staff advised her they would be back and went to take care of another resident. Resident #3 indicated the staff did not return. She pulled her call light and no staff member arrived. She needed a blanket and was having difficulties sleeping due to being cold.</p> <p>5. During an interview on 10/09/2014 at 2:04 PM, Resident #51 indicated she has had to wait long periods for call lights to be answered. She indicated the staff advised her that there were a lot of people whom need help and they would return. Resident #I indicated sometimes staff do not return.</p> <p>Record review of Resident #51 indicated she was slightly cognitive impaired and needed extensive assistance for mobility. She was occasionally incontinent and diagnosis included but not limited to hypertension.</p> <p>6. During an interview on 10/09/2014 at 3:34 PM, Resident #112 indicated more</p>			

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	<p>staff are needed for resident assistance. Resident had consumed prune juice, need to use the restroom, and she had to wait over 30 minutes. Resident expressed fear of not being able to wait on staff for assistance.</p> <p>Record review of Resident #112 indicated she was cognitive, alert and needed limited assistance for mobility. She was always continent.</p> <p>7. During an interview on 10/09/2014 at 4:39 PM, Resident #108's sister indicated, "Staff did not answer her call light for three times before coming to help her sister". She would reset the call light and pull it repeatedly. Last night resident's sister stood in the hall after waiting for call light response and saw no staff available. The sister indicated resident had to wait for 30 minutes on several occasions. Resident #108 indicated she often had to wait for long periods for assistance with toileting and it has been hard for her to not have accidents while waiting.</p> <p>8. During an interview on 10/15/2014 11:38 AM, Staff #16 indicated there had been a high level of call in occurrences. Staff shortage had resulted in longer call light response time.</p>			

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F000312 SS=E	<p>9. During an interview on 10/15/2014 11:46 AM, Staff #17 indicated this week had been good for quantity of staff. Normally the facility had been working short staffed, mainly on second shift. Staff #17 indicated in the past there had been as few as three certified nursing aids to assist residents on all three hallways.</p> <p>10. During an interview on 10/15/2014 11:53 AM, Staff #18 indicated it had been difficult for staff to attend to residents on a timely manner due to a lack of sufficient staff.</p> <p>11. During an interview on 10/16/2014 at 9:54 AM, Staff #19 stated, "The facility has it's good days and bad days." There are days when the residents had to wait longer than normal. Waiting time had been the worst in the morning and at bed time.</p> <p>3.1-3(t)</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the</p>						

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	<p>necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on interview and record review the facility failed to ensure residents who were dependent on staff for personal hygiene received those services in regards to assistance with toileting for 4 out of 35 residents interviewed. (Residents #49, 31, 80, and 112)</p> <p>Findings include:</p> <p>1. During an interview on 10/09/2014 at 9:15 AM, Resident #49 indicated he had pressed his call light and it was up to 30 minutes for staff to respond. The request was for assistance to use the restroom. He indicated long waiting periods were prevalent on all shifts.</p> <p>Record review of Resident #49 indicated he was cognitive, alert and needed assistance for mobility. He was occasionally incontinent and diagnosis included but not limited to hypertension and chronic obstructive pulmonary disease.</p> <p>2. During an interview on 10/09/2014 at 9:31 AM, Resident #31 indicated he has had to wait for up to 30 minutes for toileting assistance and has had voiding accidents while waiting. He indicated long waiting periods had occurred night</p>	F000312	<p>Resident # 112 was discharged on 10/15/14. Residents # 49, 31, 80, were interviewed by Social Service Director to insure they feel their call lights are being answered timely and their needs were being met for personal hygiene and assistance with toileting. The identified residents were informed to contact the social service director if any further concerns. <i>All staff were re-educated on the guidelines for answering call lights, guidelines for toileting assistance and personal hygiene by the Director of Health Services, Assistant Director of Health Services and Unit coordinator. All remaining interviewable dependent residents in the facility were interviewed by Social Service Director, DHS, ADHS and Unit Coordinator to verify their needs are being met in regard to their call lights being answered timely and their personal hygiene and toileting needs. Review of Call lights and personal care needs being met will be topics in resident council meetings to insure that issues are being identified and addressed timely.</i></p> <p>All residents who are dependent for staff assistance with personal hygiene and toileting have the potential to be affected by the practice.</p>	11/17/2014

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	<p>and day.</p> <p>Record review of Resident #31 indicated he was cognitive, alert and needed extensive assistance for mobility. He was occasionally incontinent and diagnosis included but not limited to Parkinson's disease and hypertension.</p> <p>During an interview on 10/16/2014 at 10:20 AM, Staff # 2 indicated they escorted Resident #31 back to his room from the dining room, after his morning meal. The resident indicated to Staff #2 that he needed to be toileted. The staff member was not licensed to provide personal care and requested assistance from two licensed staff members. After both staff members indicated they were busy with other duties, a third staff member was advised of the residents request and the non-licensed member returned to their responsibilities.</p> <p>During an interview on 10/16/2014 at 10:30 AM, Resident #31 indicated he had to wait for a long time to use the restroom after returning to his room following breakfast. The resident indicated he has had three to four accidents a week due to long responses from staff answering call lights.</p> <p>3. During an interview on 10/09/2014 at</p>		<p><i>Call light audits will be conducted daily by DHS, ADHS, Social Services and Unit Coordinator and weekend manager x 4 weeks, then 3 x per week for 4 weeks, then weekly x 3 months, then monthly ongoing. The audits will be conducted throughout all shifts. Random Interviews will be conducted with a minimum of 8 residents per month by Social Service Director and or Nursing administration. The results of these audits and interviews will be reviewed in the daily Clinical Care Meeting as well as being presented to the monthly Quality Assessment and Assurance Committee for review. Action plans will be developed for any identified areas of non compliance. The action plans will be ongoing until substantial compliance is achieved. Ongoing compliance will also be monitored by Clinical Support during the Peer Review process. systems will be completed 11/17/14</i></p>				

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	<p>10:12 AM, Resident #80 indicated she has waited for 20 to 30 minutes to go to the bathroom. She indicated the worst time of day to depend on staff is after a meal.</p> <p>Record review of Resident #80 indicated she was cognitive, alert and needed extensive assistance for mobility. She was occasionally incontinent and had diagnosis included but not limited to depression and hypertension.</p> <p>4. During an interview on 10/09/2014 at 3:34 PM, Resident #112 indicated more staff were needed for resident assistance. Resident had consumed prune juice, need to use the restroom, and she had to wait over 30 minutes.</p> <p>Record review of Resident #112 indicated she was cognitive, alert and needed limited assistance for mobility. She was always continent.</p> <p>5. During an interview on 10/15/2014 11:38 AM, Staff #16 indicated there had been a high level of call in occurrences. Staff shortage had resulted in longer call light response time.</p> <p>6. During an interview on 10/15/2014 11:46 AM, Staff #17 indicated this week had been good for quantity of staff.</p>			

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F000323 SS=E	<p>Normally the facility had been working short staffed, mainly on second shift. Staff #17 indicated in the past there had been as few as three certified nursing aids to assist residents on all three hallways.</p> <p>7. During an interview on 10/15/2014 11:53 AM, Staff #18 indicated it had been difficult for staff to attend to residents on a timely manner due to a lack of sufficient staff.</p> <p>8. During an interview on 10/16/2014 at 9:54 AM, Staff #19 stated, "The facility has it's good days and bad days." There are days when the residents had to wait longer than normal. Waiting time had been the worst in the morning and at bed time.</p> <p>3.1-38(a)(2)(C)</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview, and record review, the facility failed to monitor the beauty shop and keep hair</p>	F000323	On 10/15/14 the beauty shop was cleaned out of hazadorous items by Medical Record Nurse and Home	11/17/2014			

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	<p>products and grooming tools in a secured area for 1 or 1 beauty shops.</p> <p>Findings include:</p> <p>During observations, on 10/15/14 at 12:30 p.m., 2:10 p.m., and 2:40 p.m., the beauty shop door was open. The lights were on. The cabinets were not locked. Hair products including but not limited to shampoo, conditioner, electric hair trimmers, and scissors were in the cabinets and drawers. No staff were present in the beauty shop or in the surrounding area. The cabinets with locks were unlocked.</p> <p>During an observation, on 10/15/14 at 3:15 p.m., the beauty shop door was closed and the lights were out. The door was a non- locking door.</p> <p>During an interview, on 10/15/14 at 3:50 p.m., with the Corporate Consultant, she indicated the facility had no policy and procedure or guidelines for the beauty shop.</p> <p>During an interview, on 10/15/14 at 4:50 p.m., with the Corporate Consultant, she acknowledged that all chemicals should be locked up. LPN (Licensed Practical Nurse) #1 was observed following instructions, from the Corporate</p>		<p>Office Support Nurse. On 10/16/14 new locks were placed on the cabinets by the Director of Plant Operations. No residents were identified in this deficiency statement.</p> <p>All residents independent of mobility had the potential to be affected. Corrective actions were taken on 10/15/14 the beauty shop was cleaned out of hazardous items by Medical Record Nurse and Home Office Support Nurse. On 10/16/14 new locks were placed on the cabinets by the Director of Plant Operations.</p> <p>All staff in serviced on dangers of hazardous items in unsecure places and all potentially hazardous items must be locked in a secure area, and that locks have been placed on the cabinet doors in the beauty salon. Education also included that the Director of Plant Operations and the Executive Director will maintain keys to the cabinets, in order to insure the security of potentially hazardous items in the beauty salon.</p> <p>Beauty Salon will be monitored daily for compliance for 4 consecutive weeks, then weekly x 8 weeks, then monthly there after x 6 months by the Director of Plant Operations, Executive Director or Weekstart manager. The results of the audits will be reviewed in the QAA meeting. Executive Director will report findings to the QA monthly ongoing and an action plan will be</p>	

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F000332 SS=D	<p>Consultant, to lock chemicals from the beauty shop in the Executive Director's office.</p> <p>On 10/16/14 at 9:30 a.m., the Executive Director provided a Storage of Medications policy. The Policy Statement indicated, " Drugs and biologicals shall be stored in a safe, secure, and orderly manner. " Item #6, under Policy Interpretation and Implementation, stated, " Compartments containing drugs and biologicals are locked when not in use, and trays or carts used to transport such items are not left unattended. (Compartments include, but are not limited to, drawers, cabinets, rooms, refrigerators, carts and boxes.) "</p> <p>3.1-19(a)(4)</p> <p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. Based on observation, interview and record review the facility failed to ensure medication error rate of less than 5% was maintained for 2 of 9 residents observed</p>	F000332	<p>developed for issues until in substantial compliance. These Action Plans will be ongoing until substantial compliance is achieved. During Peer Review the clinical nursing support team will monitor for compliance of security of hazardous items. Systems in place by 11/17/14.</p> <p><i>Resident # 13's blood pressure was taken within the hour of the occurrence and blood pressure was</i></p>	11/17/2014

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	<p>during medication pass. Two errors were observed during 29 opportunities for error rate of 6% related to providing adequate monitoring for one resident receiving the hypertension medication Lisinopril (Resident #13), and following physician orders for one resident receiving the hypothyroid medication Levothyroxine (Resident #50).</p> <p>Findings include:</p> <p>1. On 10/14/2014 at 10:36 AM, RN #3 was observed to administer Levothyroxine to Resident #50 while the resident was eating breakfast. Resident #50's tray was 90% consumed with only 10% left on the plate.</p> <p>Record review on 10/14/2014 at 10:44 AM, of the Physician order for Resident #50 indicated Levothyroxine 50 mcg tablet give one tablet by mouth every morning before breakfast. Diagnosis included but not limited to hypothyroidism.</p> <p>Interview on 10/14/2014 at 11:32 AM, RN #3 indicated Resident #50's medication was ordered to be given before breakfast, upon rising. The medication should have been given at least one hour before breakfast on an empty stomach.</p>		<p>122/65. Resident was assessed by the licensed nurse and blood pressure was within the range to be given and documented appropriately on the MAR. Resident # 13's physician was notified of the occurrence on 10/15/14 no new orders were received. Resident #50's physician was notified on 10/14/14 and an order was obtained to change the levothyroxine to be given, one hour prior to breakfast daily and do TSH and Free T4 in 6 weeks.</p> <p>All resident receiving hypothyroidism medications and residents with orders for blood pressure monitoring had the potential to be affected by the practice.</p> <p>All residents who receive Hypothyroid medications were reviewed to verify that all residents were receiving the medication one hour prior to breakfast and the Medication Administration Record reflects appropriate time. All residents who have orders for blood pressure monitoring with antihypertensive were identified, and MAR's were reviewed to verify documentation of blood pressures being assessed prior to administration of the antihypertensive. All nursing staff were re-educated on proper medication administration with emphasis on hypothyroid medications and orders to assess blood pressure with antihypertensive</p>				

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F000353 SS=E	<p>2. On 10/15/2014 9:00 AM, LPN #4 was observed to administered Resident #13's Lisinopril with no prior blood pressure assessment.</p> <p>Interview on 10/15/2014 9:49 AM, LPN #4 indicated she was unaware of the blood pressure reading for Resident #13. She indicated the blood pressure machine was broken and she would be doing manual blood pressures later.</p> <p>Record review on 10/15/2014 9:52 AM, of the Physician order indicated to hold medication (Lisinopril) if systolic blood pressure was less than 110 for Resident #13. Diagnosis included but not limited to hypertension.</p> <p>3.1-25(b)(9) 3.1-48(c)(1)</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</p>		<p>by the DHS on 11/6/14. Medication observations will be conducted on all licensed staff and Medication Aides by the DHS, ADHS, Unit Coordinator and pharmacy consultant</p> <p>Random medication observations will be conducted on a minimum of 4 licensed staff/ medication aides weekly x 4 weeks on all shifts, then monthly x 6 months, then annually thereafter. The observations will be conducted by the DHS, ADHS, Unit Coordinator and Pharmacy consultant. Results of the observations will be reported to the Quality Assessment and Assurance committee for review of the findings. If any issues are identified, re-education will be provided as indicated and an action plan will be developed. The action plan will be ongoing until substantial compliance is achieved. During Peer review the clinical nursing support team will monitor for compliance.</p> <p>systems will be completed 11/17/14</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155742	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/17/2014
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NAME OF PROVIDER OR SUPPLIER ST ANDREWS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 LAMMERS PIKE BATESVILLE, IN 47006
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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 record review and interview, the facility failed to provide sufficient staffing to meet the needs of the residents, related to waiting long periods of time for help. This affected 11 of 35 residents interviewed (Residents #49, 73, 31, 9, 80, 50, 3, 57, 51, 112 and 108) and 5 of 11 staff interviewed (Staff #2, 16, 17, 18, and 19) this had the potential to affect all 63 residents residing in the facility.</p> <p>Findings include:</p> <p>1. During an interview on 10/09/2014 at 9:15 AM, Resident #49 indicated he had pressed his call light and it was up to 30 minutes for staff to respond. The request was for assistance to use the restroom.</p>	F000353	<p><i>Resident # 112 was discharged on 10/15/14. All residents identified were interviewed on 11/4/14 by the SSD and based on the information gathered, no negative outcomes were identified for those residents.</i></p> <p><i>All residents have the potential to be affected by the practice.</i></p> <p><i>All staff were re-educated related to the call light policy with emphasis on Response time and follow up by the Director of Health Services, Assistant Director of Health Services and Unit coordinator on 11-6-14. Call light audits will be conducted across all shifts. Call light audits will be conducted daily by DHS, ADHS, Social Services and Unit Coordinator and weekend manager x 4 weeks, then 3 x per week for 4 weeks, then weekly x 3 months, then monthly</i></p>	11/17/2014

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	<p>He indicated long waiting periods were prevalent on all shifts.</p> <p>Record review of Resident #49 indicated he was cognitive, alert and needed assistance for mobility. He was occasionally incontinent and diagnosis included but not limited to hypertension and chronic obstructive pulmonary disease.</p> <p>2. During an interview on 10/09/2014 at 9:20 AM, Resident #73 indicated the facility was short on nurse aides and made the statement "those poor girls are run to death".</p> <p>Record review of Resident #73 indicated she was cognitive, alert and needed extensive assistance for mobility. She was occasionally incontinent and diagnosis included but not limited to Parkinson's disease and hypertension.</p> <p>3. During an interview on 10/09/2014 at 9:31 AM, Resident #31 indicated he has had to wait for up to 30 minutes for toileting assistance and has had voiding accidents while waiting. He indicated long waiting periods had occurred night and day.</p> <p>Record review of Resident #31 indicated he was cognitive, alert and needed</p>		<p><i>ongoing. The audits will be conducted throughout all shifts. Random Interviews will be conducted with a minimum of 8 residents per month by Social Service Director and or Nursing administration. The results of these audits and interviews will be reviewed in the daily Clinical Care Meeting as well as being presented to the monthly Quality Assessment and Assurance Committee for review until substantial compliance is achieved based on policy.. Action plans will be developed for any identified areas of non compliance. The action plans will be ongoing until substantial compliance is achieved. Ongoing compliance will also be monitored by Clinical Support during Peer Review process. Appropriate re-education and counseling will be completed for staff deviating from policy. During the next family night 11/7/14 and 11/9/14 the issue of the call lights will be discussed with interventions facility is implementing to correct. systems will be completed 11/17/14</i></p>				

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NAME OF PROVIDER OR SUPPLIER ST ANDREWS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 LAMMERS PIKE BATESVILLE, IN 47006
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	<p>extensive assistance for mobility. He was occasionally incontinent and diagnosis included but not limited to Parkinson's disease and hypertension.</p> <p>During an interview on 10/16/2014 at 10:20 AM, Staff # 2 indicated they escorted Resident #C back to his room from the dining room, after his morning meal. The resident indicated to staff #2 that he needed to be toileted. The staff member was not licensed to provide personal care and requested assistance from two licensed staff members. After both staff members indicated they were busy with other duties, a third staff member was advised of the residents request and the non-licensed member returned to their responsibilities.</p> <p>During an interview on 10/16/2014 at 10:30 AM, Resident #C indicated he had to wait for a long time to use the restroom after returning to his room following breakfast. The resident indicated he has had three to four accidents a week due to long responses from staff answering call lights.</p> <p>4. During an interview on 10/09/2014 at 9:41 AM, Resident #9 indicated a 20 minute wait for a call light response was typical. She indicated she has had to waited three times longer than expected.</p>			

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	<p>Record review of Resident #9 indicated she was cognitive, alert and needed extensive assistance for mobility. She was always incontinent and diagnosis included but not limited to heart failure and hypertension.</p> <p>5. During an interview on 10/09/2014 at 10:12 AM, Resident #80 indicated she has waited for 20 to 30 minutes to go to the bathroom. She indicated the worst time of day to depend on staff was after a meal.</p> <p>Record review of Resident #80 indicated she was cognitive, alert and needed extensive assistance for mobility. She was occasionally incontinent and diagnosis included but not limited to depression and hypertension.</p> <p>6. During an interview on 10/09/2014 at 10:54, Resident #50 indicated she has waited long periods for her call light to be answered. She indicated on one occurrence it took staff an hour before someone came to help her.</p> <p>7. During an interview on 10/09/2014 at 11:13 AM, Resident #3 indicated " sometimes you ring the call light and they don't answer it at all ".</p>			

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NAME OF PROVIDER OR SUPPLIER ST ANDREWS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 LAMMERS PIKE BATESVILLE, IN 47006
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	<p>During an interview on 10/14/2014 3:16 PM, Resident #3 indicated the staff were impatient when you ask for something. Staff tell you they will be back and never return. Resident #3 indicated two nights ago when staff placed her in bed, she asked to be moved up in bed. Staff advised her they would be back and went to take care of another resident. Resident #3 indicated the staff did not return. She pulled her call light and no staff member arrived. She needed a blanket and was having difficulties sleeping due to being cold.</p> <p>8. During an interview on 10/09/2014 at 11:27 AM, Resident #57 indicated early morning and meal times have been the hardest time of day to get a response on her call light. She has had to wait over a half an hour for assistance to toilet.</p> <p>Record review of Resident #57 indicated she was cognitive, alert and needed extensive assistance for mobility. She was always continent and diagnosis included but not limited to heart failure.</p> <p>9. During an interview on 10/09/2014 at 2:04 PM, Resident #51 indicated she has had to wait long periods for call lights to be answered. She indicated the staff advised her that there were a lot of people whom need help and they would return.</p>			

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NAME OF PROVIDER OR SUPPLIER ST ANDREWS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 LAMMERS PIKE BATESVILLE, IN 47006
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	<p>Resident #51 indicated sometimes staff do not return.</p> <p>Record review of Resident #51 indicated she was slightly cognitive impaired and needed extensive assistance for mobility. She was occasionally incontinent and diagnosis included but not limited to hypertension.</p> <p>10. During an interview on 10/09/2014 at 3:34 PM, Resident #112 indicated more staff are needed for resident assistance. Resident had consumed prune juice, need to use the restroom, and she had to wait over 30 minutes.</p> <p>Record review of Resident #112 indicated she was cognitive, alert and needed limited assistance for mobility. She was always continent.</p> <p>11. During an interview on 10/09/2014 at 4:39 PM, Resident #108's sister indicated, "Staff did not answer her call light for three times before coming to help her sister". She would reset the call light and pull it repeatedly. Last night resident's sister stood in the hall after waiting for call light response and saw no staff available. The sister indicated resident had to wait for 30 minutes on several occasions. Resident #108 indicated she often had to wait for long</p>			

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NAME OF PROVIDER OR SUPPLIER ST ANDREWS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 LAMMERS PIKE BATESVILLE, IN 47006
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	<p>periods for assistance with toileting and it has been hard for her to not have accidents while waiting.</p> <p>12. During an interview on 10/15/2014 11:38 AM, Staff #16 indicated there had been a high level of call in occurrences. Staff shortage had resulted in longer call light response time.</p> <p>13. During an interview on 10/15/2014 11:46 AM, Staff #17 indicated this week had been good for quantity of staff. Normally the facility had been working short staffed, mainly on second shift. Staff #17 indicated in the past there had been as few as three certified nursing aids to assist residents on all three hallways.</p> <p>14. During an interview on 10/15/2014 11:53 AM, Staff #18 indicated it had been difficult for staff to attend to residents on a timely manner due to a lack of sufficient staff.</p> <p>15. During an interview on 10/16/2014 at 9:54 AM, Staff #19 stated, "The facility has it's good days and bad days." There are days when the residents had to wait longer than normal. Waiting time had been the worst in the morning and at bed time.</p> <p>16. Review of the daily staffing schedule</p>			

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F000431 SS=D	<p>for the week of 9/22/2014 through 9/28/2014 indicated the facility had one or more employee's per day short for 5 of 7 days reviewed. Review of the daily staffing schedule for the week of 9/29/2014 through 10/5/2014 indicated the facility worked short one or more employee positions per day for 7 of 7 days reviewed.</p> <p>3.1-17(a)</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and</p>						

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NAME OF PROVIDER OR SUPPLIER ST ANDREWS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 LAMMERS PIKE BATESVILLE, IN 47006
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	<p>biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review the facility failed to ensure disposal of expired medication for 1 of 30 medications (Resident #34), and failed to properly label 4 of 30 medications (Resident #91, 107, 113 and 116), out of 2 of 4 medication carts and 2 of 3 treatment carts.</p> <p>1. The 200 hall medication cart was observed with LPN #5 on 10/14/2014 at 1:50 PM, A medication labeled Humalog pen, for Resident #34 had an opened date documented on the product of 7/28/2014. The Humalog pen was located in the top right hand draw of the 200 hall medication cart.</p> <p>During an interview on 10/14/2014 at 1:53 PM, LPN #5 indicated the medication, Humalog pen, for Resident #34 had expired and should not be in the</p>	F000431	<p><i>Resident #34's humalog pen was removed from the medication cart on 10/16/14 by the licensed nurse. A new humalog flex pen was received on 10/16/14. resident #91-petroleum jelly was removed from the medication cart. Res #91 was discharged from the campus on 8/6/14. Resident #107 microgaurd was removed, replaced and dated on 10/17/14. Resident #116 Medication record was reviewed and verified that she did not receive neurotin and does not have neurotin ordered. Resident #113 nystatin was removed from the cart, replaced and dated on 10/17/14 by the licensed nurse.</i></p> <p>All residents receiving medication and treatments have the potential to be affected.</p> <p><i>The treatment carts on 100, 200, 300, 400 hall were audited by the DHS and ADHS and all treatments were properly labeled and stored.</i></p>	11/17/2014

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	<p>medication cart.</p> <p>Record review on 10/17/2014 at 10:21 AM, indicated Resident #34 had received Humalog pen injections based on a sliding scale as needed. Upon reviewing the medication administration record the resident had received Humalog pen injections on eight days within the first two weeks of October 2014. 10/1, 2, 3, 6, 7, 8, 12, 13/2014.</p> <p>2. The 100 hall treatment cart was observed with RN #6 on 10/14/2014 at 2:22 PM. A treatment gel, labeled Petroleum jelly, for Resident #91, had no open date documented on the product.</p> <p>3. The 300 hall treatment cart was observed with LPN #8 on 10/14/2014 at 2:51 PM. A treatment, labeled Microgard, for Resident #107, had no open date documented on the product.</p> <p>4. The 400 hall medication cart was observed with RN #14 on 10/14/2014 at 3:35 PM. The draw contained a bag of pink and white powder and a clear medication cup containing one yellow capsule. There was no visible label or residential identification on the bag of powder or medication cup. RN #14 mixed the powder medication in a medication cup with apple sauce, then</p>		<p><i>Medication carts on 100, 200, 300, 400 hall were audited by DHS and all medications are properly labeled, dated and stored. All nursing staff were re-educated on the policy and procedure for medication and biological labeling and storage by the DHS, ADHS & Unit Coordinator and Pharmacy Consultant. All Medication and treatment carts will be audited by the DHS, ADHS, Unit Coordinator and Pharmacy Consultant every 2 weeks x 8 weeks then monthly x 6 months, then quarterly thereafter. Results of audits will be reported to the QAA committee for review. If issues are identified, an action plan will be developed and will continue until substantial compliance is achieved. In Additions, compliance will also be monitored during peer review process by clinical support. systems will be completed 11/17/14</i></p>				

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	<p>she placed the yellow capsule on top of the apple sauce. After RN #14 looked through the medication administration record, RN #14 disposed of the cup of apple sauce and capsule in a toilet and started over preparing Resident #116 ' s medication.</p> <p>During an interview on 10/14/2014 at 3:35 PM, RN #14 indicated the medications lying in the top draw belong to Resident #116. RN #14 indicated she was called away and placed the medication in the draw before walking away from her station. RN #14 indicated the yellow capsule was Neurontin. RN #14 indicated she disposed of the medication in the cup since she could not locate the Neurontin on Resident #116 ' s medication administration record.</p> <p>5. The 400 hall medication cart was observed with LPN #13 on 10/15/2014 at 8:26 AM. A treatment cream, labeled Nystatin, for Resident #113 did not have an open date listed on the product.</p> <p>During an interview on 10/15/2014 at 8:26 AM, LPN #13 indicated the tag must of fallen off of Resident #113's Nystatin. LPN #13 indicated all medication including treatment creams and gels are required to have an open date documented on the label.</p>			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F009999	<p>3.1-25(j) 3.1-25(k)(1) 3.1-25(o) 3.1-25(p) 3.1-25(r)</p> <p>3.1-14 PERSONNEL</p> <p>(s) Professional staff must be licensed, certified, or registered in accordance with applicable state laws or rules.</p> <p>(u) In addition to the required inservice hours in subsection (l), staff who have regular contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months of initial employment, or within thirty (30) days for personnel assigned to the Alzheimer's and dementia special care unit, and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents and to gain understanding of the current standards of care for residents with dementia.</p>	F009999	<p><i>No residents were identified in this deficiency statement. CNA # 15's certification was verified and obtained on 10/17/14. CNA # 7, LPN # 8, LPN #9, RN #10, Housekeeper # 11 and Cook #12 completed their 3 hours of annual dementia training.</i></p> <p>All residents have the potential to be affected by the practice. All employee files were audited by the Business Office Manager, Executive Director and Staff Education nurse to insure that all employees have completed the required dementia training hours upon hire and annually, and all certifications are current. All staff members were re-educated on the requirements for dementia training by the Executive Director, DHS and ADHS.</p> <p><i>A minimum of 10 employee files</i></p>	11/17/2014

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	<p>This State rule was not met as evidenced by:</p> <p>Based on Record review and interview the facility failed to ensure one out of forty Nurse Aides were certified (CNA #15), and failed to provide documentation indicating staff had the required three hours of annual training for dementia care for six of ten staff records reviewed. (CNA #7, LPN #8, LPN #9, RN #10, Housekeeper #11, and Cook #12)</p> <p>Findings include:</p> <p>1. During the review of employee records on 10/15/2014 at 2:10 PM, CNA #15's certification was expired. Her certification had expired on September 26, 2014. CNA #15's work schedule, indicated she had worked on 9/29/2014, 9/30/2014, 10/01/2014, 10/06/2014, 10/08/2014, 10/10/2014, 10/11/2014, and 10/14/2014 with an expired license. During an interview with the Executive Director (ED) on 10/16/2014 at 1:48 PM, she indicated CNA #15 had submitted her recertification information and had given the printed information to the</p>		<p><i>will be reviewed monthly x 6 months to insure that the dementia training and certifications are current, then quarterly thereafter. This will be conducted by the Business Office Manager and ADHS. The results of the audits will be reviewed by the Quality Assessment and Assurance Committee. If any areas of non compliance are identified, and action plan will be developed and will be ongoing until substantial compliance is achieved . In addition, the Administrative Support during the Peer Review Process will monitor for ongoing compliance. systems will be completed 11/17/14</i></p>	

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	<p>business office. The ED indicated it was the responsibility of the staff to keep their certifications current. She further indicated no staff member was in charge of monitoring completion of recertifications. The ED indicated when she checked the state web-site on 10/16/2014 and it indicated CNA #15's certification had expired, she resubmitted the required information with CNA #15 sitting beside her. It was at that time the ED and CNA #15 realized there was a second page to submit to finalize the recertification process.</p> <p>During an interview, on 10/16/2014 at 1:53 PM, with the Executive Director, she indicated the facility posts reminders for staff to reapply for their licenses. At the beginning of each month, reminders were posted for licenses expiring at the end of the month. The employee informs management when they have completed their license renewal, then management goes online and prints the license certificate.</p> <p>2. Records reviewed for dementia training indicated six staff members had two hours of dementia training in the last year. (CNA #7, LPN #8, LPN #9, RN #10, Housekeeper #11, and Cook #12)</p>			

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	<p>During an interview, on 10/16/2014 at 3:15 PM, with the Executive Director, she indicated she does not have any further documentation to prove staff had the required three hours of dementia training. She indicated she believed the staff did have the required number of hours of training, but had no documentation to justify her beliefs. She indicated she would be making changes to the education process.</p> <p>During an interview, on 10/17/2014 at 10:18 AM, with LPN #9, she indicated staff received an annual schedule of inservices that need to be done each month. The staff completes the inservices online, then management prints the inservice certificate if they need them. She indicated staff had to watch a very long video on Dementia every year before taking the test online. She thought staff had to have eight hours of training every year but was not sure and indicated she would have to check with her supervisor.</p>			

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R000000	St. Andrews Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.	R000000		