

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155674	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/24/2014
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NAME OF PROVIDER OR SUPPLIER ST CHARLES HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 3150 ST CHARLES ST JASPER, IN 47546
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F000000	<p>This visit was for the Investigation of Complaint IN00146237.</p> <p>Complaint IN00146237 - Substantiated, Federal/State deficiencies related to the allegations are cited at F353 and F514.</p> <p>State residential deficiencies related to the allegations are cited at R117.</p> <p>Survey dates: April 23 and 24, 2014</p> <p>Facility number: 002628 Provider number: 155674 AIM number: 200299110</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF: 15 SNF/NF: 38 Residential: 30 Total: 83</p> <p>Census payor type: Medicare: 18 Medicaid: 24 Other: 41 Total: 83</p> <p>Sample: 6 Residential sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged, or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and executed solely because it is required by Federal and State law. This plan of correction is submitted in order to respond to the allegations of noncompliance cited during compliant survey review concluding on 04/24/2014</p> <p>Please accept this plan of correction as the provider's credible aggregation of compliance effective on or before 05/22/2014 We respectfully request a desk review for compliance.</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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F000353 SS=D	<p>Quality review completed on April 28, 2014 by Jodi Meyer, RN 483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS</p> <p>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 observation and interview, the facility failed to ensure adequate staff were provided to answer call lights timely, give showers, and pass fresh ice water, for 2 of 3 residents interviewed, in a sample of 6. Residents H and I</p> <p>Findings include:</p>	F000353	F 353 Resident's H and I suffered no ill effects fro the alleged deficiency Completion Date 5-22-2014 All residents have the potential to be affected by the deficient practice and through alterations and in services the campus will 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	05/22/2014

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	<p>On 4/23/14 at 9:50 A.M., the Business Office Manager provided a listing of residents, and indicated which residents were considered as interviewable. Residents H and I were indicated as being interviewable.</p> <p>During confidential interview with Resident I, the resident indicated the facility was "really short-staffed." The resident indicated he had to wait for call lights to be answered, sometimes up to 1 hour. The resident indicated, "It's really bad around noon, when all the staff except one person goes to the dining room." Resident I indicated he did not always receive fresh water daily, but that his family member would obtain it for him. Resident I indicated the facility "was crawling with staff" on the days "when state is here."</p> <p>During confidential interview with Resident H, the resident indicated she "usually" received a shower "a couple of times a week," and received fresh ice water "probably once a day." Resident H indicated, "Sometimes it takes awhile for the call lights to be answered." Resident H indicated she had waited for up to 1 hour. Resident H indicated she did not notice any certain time of the day which was worse.</p> <p>During confidential interview with Staff # 1, Staff # 1 indicated the Health Care unit was frequently understaffed. Staff # 1 indicated showers were not always able to be completed. Staff # 1 indicated the staff do the best they can, but just are not always able to get their jobs done.</p> <p>During confidential interview with Staff # 3, Staff # 3 indicated the staffing was not always adequate to get everything accomplished.</p>		<p>resident assessments and individual plans of care.ADDENDUM: Campus will interview alert and oriented residents on Health Center to assess if they were affected by the alleged deficiency. Campus held resident council meeting 4/28/14 and no concerns were voiced regarding call lights, showers, and ice water pass. Completion Date 5-22-2014 An in service/ roundtable was held to discuss staffing, meeting resident needs, shower schedules, and ice pass. Systemic change is in the morning standup meeting leadership will review staffing for the upcoming 24 hours and showers from the day prior to assure complete. The DHS will now complete the nursing schedule to assure proper staffing. Completion Date 5-22-2014 ED/designee will meet with 3 resident to assure needs being met and 3 staff member to assure sufficient staffing 5x week x one month then 3x a week x one month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments Completion Date 5-22-2014</p>				

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F000514 SS=D	<p>On 4/24/14 at 1:55 P.M., during interview with the Unit Manager, she indicated she based her staffing patterns on the census, not on acuity of the residents. The Unit Manager indicated with the present census of 52 residents, she staffs 3 nurses and 4 CNAs or non-certified nursing assistants on day and evening shifts, and 2 nurses and 2 CNAs on night shift.</p> <p>On 4/24/14 at 2:30 P.M., the Assistant Director of Nursing indicated students were currently in the CNA training class, and were expected to start working the floor as soon as they were trained.</p> <p>This Federal tag relates to Complaint IN00146237.</p> <p>3.1-20(h) 483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p>	F000514	F 514 Res C suffered no ill effects from the alleged deficiency. Completion Date 5-22-2014 All residents have	05/22/2014	

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	<p>Based on interview and record review, the facility failed to ensure a resident's clinical record was complete and accurate, in that current physician orders were not maintained in a resident's clinical record, for 1 of 3 residents reviewed for current clinical records, in a sample of 6. Resident C</p> <p>Findings include:</p> <p>On 4/23/14 at 9:00 A.M., during the initial tour, the MDS [Minimum Data Set] Coordinator indicated Resident C was receiving hospice services, and was on pain management.</p> <p>On 4/24/14 at 9:15 A.M., the clinical record of Resident C was reviewed. Physician orders, dated 1/29/14, indicated, "D/C [discontinue] Lortab 5/500. Lortab 5/325 mg BID [twice daily] [and] BID PRN [as needed] pain."</p> <p>The most recent Physician recertification orders on the chart, dated February 2014 and signed by the physician on 2/13/14, indicated, "Lortab 5/500 Give 1 tablet orally 2 times a day for pain," and "Lortab 5/500 tablet Give 1 tablet orally 2 times a day as needed for pain."</p> <p>The resident's Medication Administration Record (MAR), dated April 2014, was then reviewed at that time. The MAR indicated the resident was receiving Lortab 5/325 mg twice a day.</p> <p>On 4/24/14 at 10:05 A.M., Corporate Nurse # 1 was interviewed regarding current physician orders on Resident C's record. Corporate Nurse # 1 indicated the facility had not had a medical records staff person</p>		<p>the potential to be affected by the alleged deficient practice and through alterations in processes and in servicing will ensure the campus must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete ;accurately documented; readily accessible; and systematically organized.ADDENDUM:The clinical team reviewed all charts at the end of April using a double check system to insure orders through out the month are correct on the monthly re-cap and current orders are on the medical records. Completion Date 5-22-2014 Nursing staff have been in serviced regarding current physician orders. Systemic change the campus has hired a medical records nurse. Completion Date 5-22-2104 DHS/Designee will review all orders in Daily Clinical Review for accuracy. DHS/ designee will review physician order recaps monthly to assure orders are maintained in the clinical record as appropriate on 10 random residents with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments Completion Date 5-22-2014</p>				

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R000000	<p>available since February 2014, and that different staff from different facilities had been coming in and helping. Corporate Nurse # 1 indicated there should have been a pink copy of the orders in the chart until the original orders were signed by the physician.</p> <p>On 4/24/14 at 10:15 A.M., the MDS Coordinator provided Resident C's March Physician Recertification orders. The MDS Coordinator indicated she had found them in a manila envelope. The MDS Coordinator indicated a staff member was going to go the physician's office at that time to try and retrieve the April 2014 orders.</p> <p>On 4/24/14 at 10:30 A.M., the April 2014 Physician recertification orders were provided. The orders included: "Lortab 5/325 mg Give 1 tablet orally 2 times a day for pain..."</p> <p>This Federal tag relates to Complaint IN00146237.</p> <p>3.1-50(a)(1)</p> <p>The following residential findings were cited in accordance with 410 IAC 16.2-5.</p>	R000000	Preparation or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged, or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and executed solely because it is required by Federal and State law. This plan of correction is submitted in order to respond to the allegations of noncompliance cited during compliant survey				

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R000117	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions.</p> <p>Based on interview and record review, the</p>	R000117	<p>review concluding on 04/24/2014 Please accept this plan of correction as the provider's credible aggregation of compliance effective on or before 05/22/2014 We respectfully request a desk review for compliance.</p> <p>R 117 Resident's J and K suffered no ill effects fro the alleged deficiency Completion Date 5-22-2014 All residents have the potential to be affected by the deficient practice and</p>	05/22/2014	

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	<p>facility failed to ensure adequate staffing was available to answer call lights timely and assist residents to and from the dining room for meals, for 2 of 2 residents interviewed, in a sample of 6. Residents J and K</p> <p>Findings include:</p> <p>On 4/23/14 at 9:35 A.M., the Assistant Director of Nursing (ADON) provided the Resident Council Meeting Minutes for January, February, and March 2014. The minutes included:</p> <p>2/24/14 with 6 residents attending: "Nursing - wondering if we could find some volunteers to help push people back from meals."</p> <p>3/24/14 with 7 residents attending: "...Explained we are still on the lookout for volunteers to push wheelchairs after meals but have no commitments [sic] at this time."</p> <p>On 4/23/14 at 4:00 P.M., during interview with the Residential Unit Manager, she indicated there were usually 3 staff members on days and evenings, and 1 staff person on night shift. The Residential Unit Manager indicated the staffing may consist of 1 nurse, 1 CNA, and 1 non-certified nursing assistant, or some variance of that. She indicated the current residential census was 32 residents.</p> <p>During interview with Resident J, she indicated, "There's not enough staff. Alot have left." Resident J indicated the staff assist her with showers. Resident J indicated staff answering call lights "sometimes takes awhile." Resident J indicated she could not specify a particular shift, or how long it may take, but indicated, "They need more staff."</p>		<p>through alterations and in services the campus will 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>ADDENDUM: Campus will interview alert and oriented residents on Assisted Living to assess if they were affected by the alleged deficiency. Campus held resident council meeting 4/28/14 and no concerns were voiced regarding call lights, showers, ice water pass and assistance to and from the dinning room. Completion Date 5-22-2014 An in service/ roundtable was held to discuss staffing, meeting resident needs, shower schedules, and ice pass. Systemic change is in the morning standup meeting leadership will review staffing for the upcoming 24 hours and showers from the day prior to assure complete. The DHS will now complete the nursing schedule to assure proper staffing. Completion Date 5-22-2014 ED/designee will meet with 3 resident to assure needs being met and 3 staff member to assure sufficient staffing 5x week x one month then 3x a week x one month then weekly with results forwarded to QA committee monthly x 6</p>				

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	<p>During interview with Resident K, she indicated, "I know they are short-handed here." Resident K indicated she has to wait "awhile" for call lights to be answered, and to be taken to and from the dining room. Resident K indicated she was unable to use her hands to propel her self, but "if it takes them too long, I just start trying to push myself backwards down the hall."</p> <p>During confidential interview with Staff # 2, Staff # 2 indicated it is sometimes difficult to get everything done. Staff # 2 indicated, "If the nurse helps, we can usually get it done." Staff # 2 indicated, "5 showers is too much for 1 person."</p> <p>During confidential interview with Staff # 1, Staff # 1 indicated if 2 CNAs were working on day and evening shifts, everything could get done, but otherwise it was very difficult. Staff # 1 indicated she was unsure how 1 person could get everything done on night shift.</p> <p>This State finding relates to Complaint IN00146237.</p>		<p>months and quarterly thereafter for review and further suggestions/comments Completion Date 5-22-2014</p>				