

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155263	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/08/2016
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NAME OF PROVIDER OR SUPPLIER LOGOOTE NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 12802 E US HWY 50 LOGOOTE, IN 47553
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00202860, IN00203177, and IN00202621.</p> <p>Complaint IN00202860 - Substantiated. Federal/State deficiencies related to the allegations are cited at F-312 and F-353</p> <p>Complaint IN00203177 - Substantiated. Federal/State deficiencies related to the allegations are cited at F-312, F-353, F-490 and F-520</p> <p>Complaint IN00203621 - Substantiated. Federal/State deficiencies related to the allegations are cited at F-312 and F-353</p> <p>Survey dates: July 6, 7, 8, 2016</p> <p>Facility number: 000164 Provider number: 155236 AIM number: 100289550</p> <p>Census bed type: SNF/NF: 33 Total: 33</p> <p>Census payor type: Medicare: 1 Medicaid: 30 Other: 2</p>	F 0000	F000000 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. The provider respectfully requests a face to face Informal Dispute Resolution for F353, F490, and F520. The Provider also respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Survey Review on or after August 7, 2016.	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0312 SS=D Bldg. 00	<p>Total: 33</p> <p>Sample: 16</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by #02748 on July 18, 2016.</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 necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on observation, interview, and record review, the facility failed to ensure showers were provided to dependent residents who required assistance with bathing for 13 of 15 residents reviewed for showers. (Resident K, Resident Z, Resident M, Resident G, Resident Q, Resident Y, Resident F, Resident B, Resident I, Resident C, Resident D, Resident H, Resident X)</p> <p>Findings include:</p>	F 0312	<p>F312</p> <p>It is the practice of this facility that a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>1. Corrective actions accomplished for those residents found to be affected by the alleged</p>	08/07/2016

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	<p>1. During an interview on 7/6/16 at 1:45 P.M., Resident K said, "I get a shower about once a week."</p> <p>The clinical record of Resident K was reviewed on 7/8/16 at 2:45 P.M. The record indicated the diagnoses of Resident K included, but were not limited to, heart failure, dementia, and diabetes mellitus.</p> <p>The most recent Quarterly MDS dated 4/7/16 indicated Resident K experienced moderate cognitive impairment. The MDS further indicated Resident K required the extensive assistance of one staff for bathing.</p> <p>The "Evening Shift Showers" schedule indicated Resident K was scheduled to receive a shower every Tuesday and Friday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident K on the following dates: Tuesday May 31, 2016 Friday June 3, 2016 Tuesday June 7, 2016 Friday June 10, 2016 Friday June 17, 2016 Tuesday June 21, 2016 Friday June 24, 2016 Friday July 1, 2016</p>		<p>deficient practice.</p> <p>a. A review of shower schedule for all residents was completed to ensure that each resident was offered at least 2 showers per week.</p> <p>b. Shower schedules were reviewed and updated to reflect changes if necessary.</p> <p>c. C.N.A. Assignment sheets were reviewed and updated to reflect shower scheduled days.</p> <p>d. The residents are receiving their showers per their personal preference and in accordance with their plan of care. There is documentation on the clinical record to indicate each time the resident has received a shower. There is also documentation to support that if a resident refuses a scheduled shower, the resident is offered the shower at a different time or a bed bath is given.</p> <p>2. To identify other residents who have the potential to be affected by the same alleged deficient</p>	

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	<p>2. During an observation on 7/6/16 at 11:15 A.M., Resident Z was observed sitting in a wheelchair in no distress.</p> <p>The clinical record of Resident Z was reviewed on 7/8/16 at 2:55 P.M. The record indicated the diagnoses of Resident Q included, but were not limited to, atrial fibrillation, dementia, and diabetes mellitus.</p> <p>The most recent Quarterly MDS dated 5/28/16 indicated Resident Z experienced severe cognitive impairment. The MDS further indicated Resident Z required the extensive assistance of one staff for bathing and was occasionally incontinent.</p> <p>The "Evening Shift Showers" schedule indicated Resident Z was scheduled to receive a shower every Tuesday and Friday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident Z on the following dates: Friday June 3, 2016 Tuesday June 7, 2016 Friday June 10, 2016 Friday June 17, 2016 Tuesday June 21, 2016 Friday June 24, 2016 Friday July 1, 2016</p>		<p>practice.</p> <p>a. A complete review of all residents shower schedules was completed to ensure that each resident was offered at least 2 showers per week.</p> <p>b. Shower schedules were reviewed and updated to reflect changes if necessary.</p> <p>c. C.N.A. Assignment sheets were reviewed and updated to reflect shower scheduled days.</p> <p>d. All residents are receiving their showers in accordance with their personal preference. And there is documentation to support that the residents have received their showers. There is also documentation to support that if a resident refuses a scheduled shower that the resident is offered the shower at a different time or a bed bath is given.</p> <p>3. Measures and systemic changes put into place to ensure that the alleged deficient practice does not recur.</p> <p>a. A mandatory</p>		

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	<p>3. During an interview on 7/7/16 at 11:05 A.M., Resident M indicated Resident M liked to take two showers a week in the evenings. Resident M indicated the facility was short staffed and they tried to work the showers in, but sometimes it a week passed before the next shower.</p> <p>The clinical record of Resident M was reviewed on 7/8/16 at 11:49 A.M. The record indicated the diagnoses of Resident M included, but were not limited to, diabetes mellitus, depression, and chronic obstructive pulmonary disease.</p> <p>The most recent Quarterly MDS dated 4/21/16 indicated Resident M experienced no cognitive impairment. The MDS further indicated Resident M required the extensive assistance of one staff for bathing.</p> <p>The "Evening Shift Showers" schedule indicated Resident M was scheduled to receive a shower every Wednesday and Saturday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident M on the following dates: Wednesday June 15, 2016</p>		<p>inservicewill be completed on July 29, 2016 with all nursing staff regarding providingshowers at a minimum of 2 times per week for each resident.</p> <p>b. The C.N.A.'s will complete a shower worksheetindicating the type of bathing given and reason for refusal, if any.</p> <p>c. The Charge Nurse will review the shower worksheetsand, if any refusals, will attempt an additional approach, with documented explanationif continued refusal.</p> <p>d. DNS and/or Designee will review worksheets during dailyrounds for completion and notification given to Social Service if continuedrefusal of showers, in an effort to further involve other disciplines and/orfamily members, as appropriate.</p> <p>4. The corrective action will be monitored toensure the alleged deficient practice does not recur and quality assurancemeasures put into</p>	

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	<p>Saturday July 2, 2016</p> <p>4. During an interview on 7/7/16 at 3:01 P.M., Resident G said, "I'm not sure how often I should get a shower."</p> <p>The clinical record of Resident G was reviewed on 7/7/16 at 1:49 P.M. The record indicated the diagnoses of Resident G included, but were not limited to, cerebrovascular accident, dementia, heart failure, and arthritis.</p> <p>The most recent Quarterly MDS dated 5/26/16 indicated Resident G experienced no cognitive impairment. The MDS further indicated Resident G required the extensive assistance of one staff for bathing and was occasionally incontinent.</p> <p>The "Evening Shift Showers" schedule indicated Resident G was scheduled to receive a shower every Wednesday and Saturday.</p> <p>Showers were not provided for Resident G on the following dates: Saturday June 4, 2016 Wednesday June 8, 2016 Saturday June 18, 2016 Wednesday June 29, 2016 Saturday July 2, 2016</p>		<p>place are:</p> <p>a. The DNS and/or Designee will complete audits on previous days shower sheets to ensure a shower was given and, if any refusal documentation will be reviewed to determine reason why and findings will be documented. Interviews of alert and oriented residents will also be conducted to validate that the residents did receive their showers in accordance with their individual plan of care. These audits will be completed 5 times a week for four weeks, then 3 times weekly for 8 weeks, and then monthly for three quarters, to identify any concerns and take corrective measures. Shower Sheets will be reviewed on Saturday by the Charge Nurse to ensure showers were given and, if any refusal documentation will be completed to show attempts given.</p> <p>b. The findings from these audits and any corrective actions taken will be discussed during quarterly QA</p>	

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	<p>5. During an interview on 7/7/16 at 3:05 P.M., Resident Q said, "They missed my shower and did not give me another one until the next week."</p> <p>The clinical record of Resident Q was reviewed on 7/8/16 at 12:05 P.M. The record indicated the diagnoses of Resident Q included, but were not limited to, cerebrovascular accident, hemiplegia, and diabetes mellitus.</p> <p>The most recent Quarterly MDS dated 6/2/16 indicated Resident Q experienced no cognitive impairment. The MDS further indicated Resident Q required the extensive assistance of one staff for bathing and was occasionally incontinent.</p> <p>The "Evening Shift Showers" schedule indicated Resident Q was scheduled to receive a shower every Wednesday and Saturday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident Q on the following dates: Wednesday June 29, 2016 Saturday July 2, 2016</p> <p>6. During an interview on 7/6/16 at 1:45 P.M., Resident Y was observed sitting in a wheelchair in no distress.</p>		meetings and the current plan revised, as warranted.	

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	<p>The clinical record of Resident Y was reviewed on 7/8/16 at 12:55 P.M. The record indicated the diagnoses of Resident Y included, but were not limited to, atrial fibrillation, dementia, and diabetes mellitus.</p> <p>The most recent Quarterly MDS dated 5/28/16 indicated Resident Y experienced severe cognitive impairment. The MDS further indicated Resident Y required the extensive assistance of one staff for bathing and was occasionally incontinent.</p> <p>The "Evening Shift Showers" schedule indicated Resident Y was scheduled to receive a shower every Tuesday and Friday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident Y on the following dates: Friday June 3, 2016 Tuesday June 7, 2016 Friday June 10, 2016 Friday June 17, 2016 Tuesday June 21, 2016</p> <p>7. The clinical record of Resident F was reviewed on 7/8/16 at 12:05 P.M. The record indicated the diagnoses of Resident F included, but were not limited to, dementia and diabetes mellitus.</p>			

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	<p>The most recent Quarterly MDS dated 6/23/16 indicated Resident F experienced moderate cognitive impairment. The MDS further indicated Resident F required the extensive assistance of one staff for bathing and was frequently incontinent of bowel and bladder.</p> <p>The "Day Shift Showers" schedule indicated Resident F was scheduled to receive a shower every Wednesday and Saturday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident F on the following dates: Wednesday June 1, 2016 Saturday June 11, 2016 Wednesday June 22, 2016</p> <p>8. The clinical record of Resident B was reviewed on 7/8/16 at 12:10 P.M. The record indicated the diagnoses of Resident B included, but were not limited to, dementia, Alzheimer's disease, diabetes mellitus, and depression.</p> <p>The most recent Quarterly MDS dated 5/12/16 indicated Resident B experienced no cognitive impairment. The MDS further indicated Resident B required the extensive assistance of one staff for bathing and was frequently incontinent of</p>			

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	<p>bowel and bladder.</p> <p>The "Day Shift Showers" schedule indicated Resident B was scheduled to receive a shower every Wednesday and Saturday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident B on the following dates: Saturday June 11, 2016 Wednesday June 22, 2016</p> <p>9. The clinical record of Resident I was reviewed on 7/8/16 at 12:20 P.M. The record indicated the diagnoses of Resident I included, but were not limited to, heart failure and cerebrovascular accident.</p> <p>The most recent Quarterly MDS dated 5/13/16 indicated Resident I experienced severe cognitive impairment. The MDS further indicated Resident I required the extensive assistance of one staff for bathing and was occasionally incontinent.</p> <p>The "Day Shift Showers" schedule indicated Resident I was scheduled to receive a shower every Wednesday and Saturday.</p> <p>The resident shower verification forms indicated showers were not provided for</p>			

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	<p>Resident I on the following dates: Saturday June 11, 2016 Saturday June 25, 2016 Wednesday June 29, 2016</p> <p>10. The clinical record of Resident C was reviewed on 7/8/16 at 12:30 P.M. The record indicated the diagnoses of Resident C included, but were not limited to, dementia, depression and DVT (deep vein thrombosis).</p> <p>The most recent Quarterly MDS dated 5/15/16 indicated Resident C experienced no cognitive impairment. The MDS further indicated Resident C required the extensive assistance of one staff for bathing.</p> <p>The "Day Shift Showers" schedule indicated Resident C was scheduled to receive a shower every Wednesday and Saturday.</p> <p>Showers were not provided for Resident C on the following dates: Saturday June 11, 2016 Saturday June 25, 2016 Wednesday June 29, 2016</p> <p>11. The clinical record of Resident D was reviewed on 7/7/16 at 2:45 P.M. The record indicated the diagnoses of Resident D included, but were not limited</p>			

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	<p>to, heart failure, anxiety, and asthma.</p> <p>The most recent Quarterly MDS dated 6/9/16 indicated Resident D experienced no cognitive impairment. The MDS further indicated Resident D required the extensive assistance of one staff for bathing and was occasionally incontinent.</p> <p>The "Day Shift Showers" schedule indicated Resident D was scheduled to receive a shower every Wednesday and Saturday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident D on the following dates: Saturday June 11, 2016 Wednesday June 22, 2016</p> <p>12. The clinical record of Resident H was reviewed on 7/8/16 at 11:25 P.M. The record indicated the diagnoses of Resident H included, but were not limited to, cerebrovascular accident, hypertension, and Alzheimer's disease.</p> <p>The most recent Quarterly MDS dated 6/3/16 indicated Resident H experienced severe cognitive impairment. The MDS further indicated Resident H required the extensive assistance of one staff for bathing and was occasionally incontinent.</p>			

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	<p>The "Day Shift Showers" schedule indicated Resident H was to receive a shower every Wednesday and Saturday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident H on the following dates: Saturday June 11, 2016 Wednesday June 15, 2016 Saturday June 18, 2016 Saturday June 22, 2016 Wednesday June 29, 2016</p> <p>13. During an interview on 7/8/16 at 12:54 P.M., Resident X indicated he/she got showers most of the time, but added that sometimes they don't have enough help and Resident X said, "they get to you when they can."</p> <p>The CNA Assignment sheet provided by the Director of Nursing on 7/6/16 at 10:15 A.M., lacked documentation of residents' shower schedule.</p> <p>During an interview on 7/8/16 at 1:55 A.M., SM (Staff Member) #33 indicated she worked on day and evening shifts. SM #33 further indicated that if a full staff had been working during the shift all the showers would have been completed, but when the facility was short staffed, she said, "It's hard." SM #33 indicated sometimes the staff were</p>			

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	<p>not able to complete all the scheduled showers. SM #33 indicated they would pass the information along to the next shift. But most of the time, the resident would not get a shower until their next scheduled shower day. SM #33 said, "I know for a fact that residents don't get their scheduled shower on some day shifts and some evening shifts."</p> <p>During an interview on 7/8/16 at 11:45 A.M., the DON indicated residents should receive 2 showers a week.</p> <p>The Policy and Procedure for "SHOWERS, ASSISTING A RESIDENT..." was provided by the HCA/RD on 7/8/15 at 1:15 P.M., and read as follows: "...Residents will receive a shower at least two times a week...Should a resident refuse a scheduled shower, document the refusal and offer the shower at another time or another day..."</p> <p>This Federal Tag relates to Complaints IN00202860, IN00202621, IN00203177.</p> <p>3.1-38(b)(2)</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
F 0353 SS=E Bldg. 00	<p>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, interview, and record review, the facility failed to ensure adequate nursing staff was provided to ensure two showers a week were provided for 13 of 15 residents reviewed for receiving showers and that residents were toileted in a timely manner for 4 of 4 residents observed during toileting. (Resident K, Resident Z, Resident M, Resident G, Resident Q, Resident Y, Resident F, Resident B, Resident I, Resident C, Resident D, Resident H, Resident X, Resident Z)</p>	F 0353	<p>The Provider requests a face to face Informal Dispute Resolution related to F353. F353 It is the practice of this facility to 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>1. Corrective actions accomplished for those residents found to be affected by the alleged deficient practice. a. It is the goal of the facility to provide</p>	08/07/2016

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	<p>Findings include:</p> <p>1. During an interview on 7/6/16 at 1:45 P.M., Resident K said, "I get a shower about once a week."</p> <p>The "Evening Shift Showers" schedule indicated Resident K was scheduled to receive a shower every Tuesday and Friday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident K on the following dates: Tuesday May 31, 2016 Friday June 3, 2016 Tuesday June 7, 2016 Friday June 10, 2016 Friday June 17, 2016 Tuesday June 21, 2016 Friday June 24, 2016 Friday July 1, 2016</p> <p>2. During an observation on 7/6/16 at 11:15 A.M., Resident Z was observed sitting in a wheelchair in no distress.</p> <p>The "Evening Shift Showers" schedule indicated Resident Z was scheduled to receive a shower every Tuesday and Friday.</p> <p>The resident shower verification forms indicated showers were not provided for</p>		<p>services to its residents to allow the resident to attain or maintain their highest practicable physical and psychosocial well-being. b. Shower schedules were reviewed and updated to reflect changes if necessary. c. C.N.A. assignment sheets were reviewed and updated to reflect changes if necessary. 2. To identify other residents who have the potential to be affected by the alleged deficient practice. a. All residents have the potential to be affected. b. A complete review of all residents shower schedules was completed to ensure that each was offered at least 2 showers per week. c. Shower schedules were reviewed and updated to reflect changes if necessary. d. C.N.A. assignment sheets were reviewed and updated to reflect changes if necessary. 3. Measures and systemic changes put into place to ensure that the deficient practice does not reoccur. a. Administration and Nursing Administration continue to meet and review current acuity and staffing patterns in an effort to ensure staff are best utilized in response to residents' plan of care. CNA assignment sheets have been updated to include shower schedules, turn and repositioning needs of the resident as well as toileting needs of the resident to better communicate each resident's needs to the line staff. b. A</p>				

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	<p>Resident Z on the following dates: Friday June 3, 2016 Tuesday June 7, 2016 Friday June 10, 2016 Friday June 17, 2016 Tuesday June 21, 2016 Friday June 24, 2016 Friday July 1, 2016</p> <p>3. During an interview on 7/7/16 at 11:05 A.M., Resident M indicated Resident M liked to take two showers a week in the evenings. Resident M indicated the facility was short staffed and they tried to work the showers in, but sometimes a week passed before the next shower.</p> <p>The resident shower verification forms indicated showers were not provided for Resident M on the following dates: Wednesday June 15, 2016 Saturday July 2, 2016</p> <p>4. During an interview on 7/7/16 at 3:01 P.M., Resident G said, "I'm not sure how often I should get a shower."</p> <p>The "Evening Shift Showers" schedule indicated Resident G was scheduled to receive a shower every Wednesday and Saturday.</p> <p>Showers were not provided for Resident</p>		<p>mandatory inservice will be completed July 29, 2016with nursing staff regarding providing showers at a minimum of 2 times per weekfor each resident. c. The C.N.A.'s will complete a shower worksheetindicating the type of bathing given and reason for refusal, if any. d. The Charge Nurse will review the shower worksheetsand, if any refusals, will attempt an additional approach, with documentedexplanation if continued refusal. e. The DON and/or Designee will review shower worksheetsdaily for completion, and notification given to Social Service if continuedrefusal of showers, in an effort to further involve other disciplines and/orfamily members as appropriate. 4. The corrective action will be monitored toensure the deficient practice does not recur and quality measures put intoplace are: a. DON and/orDesignee will observe all residents during routine daily rounds to ensureresident showers are given as scheduled. Interviews of alert and orientedresidents will also be conducted to validate that the resident is receivingtheir showers in accordance with their individual plan of care. The findingswill be documented and any noncompliance noted will be immediately correctedand/or employee disciplined as appropriate. This will be</p>	

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	<p>G on the following dates: Saturday June 4, 2016 Wednesday June 8, 2016 Saturday June 18, 2016 Wednesday June 29, 2016 Saturday July 2, 2016</p> <p>5. During an interview on 7/7/16 at 3:05 P.M., Resident Q said, "They missed my shower and did not give me another one until the next week."</p> <p>The "Evening Shift Showers" schedule indicated Resident Q was scheduled to receive a shower every Wednesday and Saturday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident Q on the following dates: Wednesday June 29, 2016 Saturday July 2, 2016</p> <p>6. During an interview on 7/6/16 at 1:45 P.M., Resident Y was observed sitting in a wheelchair in no distress.</p> <p>The "Evening Shift Showers" schedule indicated Resident Y was scheduled to receive a shower every Tuesday and Friday.</p> <p>The resident shower verification forms indicated showers were not provided for</p>		<p>completed 3 times a week for 4 weeks, then weekly until compliance is maintained for 3 consecutive months. b. Nursing Administration or designee will review staff schedule daily for each shift to ensure resident's needs are met with adjustments made as necessary. c. The findings from these audits and any corrective actions taken will be discussed during quarterly QA meeting and the current plan revised, as warranted. IDR request: F353 - Regulation 483.30(a) SUFFICIENT 24-HR NURSING STAFF, PER CARE PLANS; The 2567 states that based on observation, interview and record review the facility failed to ensure adequate nursing staff was provided to ensure two showers a week were provided for 13 of 15 residents reviewed for receiving showers and that residents were toileted in a timely manner for 4 of 4 residents observed during toileting for the period of May 31, 2016 to July 1, 2016. In accordance with 42 CFR 483.30(a) cited on Form CMS-2567, the facility did have sufficient nursing staff to provide nursing and related services to attain and maintain the highest practical physical, mental and psychosocial well-being of each resident, as determined by the resident's assessments and care plans. The facility provides</p>	

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	<p>Resident Y on the following dates: Friday June 3, 2016 Tuesday June 7, 2016 Friday June 10, 2016 Friday June 17, 2016 Tuesday June 21, 201</p> <p>7. The "Day Shift Showers" schedule indicated Resident F was scheduled to receive a shower every Wednesday and Saturday. The resident shower verification forms indicated showers were not provided for Resident F on the following dates: Wednesday June 1, 2016 Saturday June 11, 2016 Wednesday June 22, 2016</p> <p>8. The "Day Shift Showers" schedule indicated Resident B was scheduled to receive a shower every Wednesday and Saturday. The resident shower verification forms indicated showers were not provided for Resident B on the following dates: Saturday June 11, 2016 Wednesday June 22, 2016</p> <p>9. The "Day Shift Showers" schedule indicated Resident I was scheduled to receive a shower every Wednesday and Saturday. The resident shower verification forms indicated showers were not provided for</p>		<p>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 the resident care plans. The Facility's professional nursing hours per patient day and total nursing hours per patient day provided to the residents was and continues to be significantly greater than all other facilities in the adjoining counties as evidenced by the enclosed payroll register identified as attachments A, B and C for the periods May 29, 2016 through June 11, 2016, June 12, 2016 through June 25, 2016 and June 26, 2016 through July 9, 2016, respectively. The professional nursing coverage (RN's and LPN's) per patient day calculated on attachments A, B and C are indicated as 1.43, 1.44 and 1.35 hours worked per patient day, respectively. Total nursing hours worked per patient day are indicated as 3.85, 3.67 and 3.84 for those respective time periods. Tag F353 is both arbitrary and capricious. The Facility maintains the necessary documentation that satisfies the governing regulation and therefore, Tag F353 should be removed from the deficiencies cited on Form CMS-2567.</p>		

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	<p>Resident I on the following dates: Saturday June 11, 2016 Saturday June 25, 2016 Wednesday June 29, 2016</p> <p>10. The "Day Shift Showers" schedule indicated Resident C was scheduled to receive a shower every Wednesday and Saturday. Showers were not provided for Resident C on the following dates: Saturday June 11, 2016 Saturday June 25, 2016 Wednesday June 29, 2016</p> <p>11. The "Day Shift Showers" schedule indicated Resident D was scheduled to receive a shower every Wednesday and Saturday. The resident shower verification forms indicated showers were not provided for Resident D on the following dates: Saturday June 11, 2016 Wednesday June 22, 2016</p> <p>12. The "Day Shift Showers" schedule indicated Resident H was to receive a shower every Wednesday and Saturday. The resident shower verification forms indicated showers were not provided for Resident H on the following dates: Saturday June 11, 2016 Wednesday June 15, 2016 Saturday June 18, 2016</p>			

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	<p>Saturday June 22, 2016 Wednesday June 29, 2016</p> <p>13. During an interview on 7/6/16 at 9:40 P.M., SM (Staff Member) #12 indicated staffing was a problem. SM #12 indicated that If only 2 CNA's were working on evenings, it was not possible to get all the showers completed. SM #12 indicated there were 3 CNA's working tonight so all the residents were in bed in a timely manner. SM #12 indicated that sometimes there would only be one CNA on the night shift and it was just not possible to get all the residents to bed in a timely manner.</p> <p>During an interview on 7/6/16 at 10:00 P.M., SM #14 indicated she was frequently the only CNA on night shift and that it was very difficult to get all the work completed. SM #14 indicated more staff were needed on the evening shift as well because when she would come in to start her shift the residents were soaking wet and many were still up in their chairs and needed to be assisted to bed. SM #14 indicated when only 2 or 3 CNA's were working the evening shift they could not meet the residents' needs.</p> <p>During an interview on 7/6/16 at 10:15 P.M., SM #20 indicated the evening and night shifts could have used more staff.</p>			

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	<p>SM #20 indicated that when there were 4 CNA's working on the evening shift everything got done, but when there were fewer than 4 CNA working the residents' care suffers.</p> <p>During an interview on 7/8/16 at 2:55 A.M., SM #33 indicated she worked day and evening shifts. SM #33 further indicated that when there was a full staff working during the shift all the showers were completed, but when they were short staffed it was difficult to complete all the assigned showers. SM #33 indicated the staff really tried to complete all the showers scheduled on their shift but were just unable to do so. SM #33 indicated that, most of the time, the residents did not get a shower until their next scheduled shower day. SM #33 said, "I know for a fact that residents don't get scheduled showers on some day shifts and some evening shifts."</p> <p>During an interview on 7/8/16 at 11:45 A.M., the DON indicated residents should receive 2 showers a week.</p> <p>During an interview on 7/8/16 at 3:00 P.M., the DON indicated that the CNA assignment sheets did not include the following: residents' shower schedules, residents who needed to be turned and repositioned every 2 hours, and residents</p>			

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	<p>who needed to be toileted every 2 hours. The DON said, "That's just too much information." The DON indicated the staff were aware of each resident's need for assistance. The DON was made aware that new staff would not be familiar with the residents' needs and the DON said, "I don't know, maybe I need to put more on here."</p> <p>The CNA assignment sheet was reviewed on 7/8/16 at 3:10 P.M., and it indicated that there were 13 residents who needed the assistance of 2 staff members, 10 residents who needed the assistance of 1 staff person, 6 residents who needed the use of a (brand name mechanical lift), and 2 residents who needed the assistance of a stand lift to transfer.</p> <p>The census and condition was provided by Administrator 2 on 7/8/16 at 2:15 P.M., and it indicated there were 20 residents on a toileting program, 3 residents on the bowel training program, 18 residents who needed assistance of staff for eating.</p> <p>14. During an interview 7/7/16 at 2:25 P.M., SM #37 indicated that on 6/18/17 there were the following staff: 2 nurses on day shift (7 A.M. to & 7 P.M.) 1 nurse on night shift (7 P.M. to 7 A.M.)</p>			

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	<p>1 CNA on evening shift and 1 CNA from (2:30 P.M. to 5:30 P.M.) 1 QMA on night shift (7 P.M. to 7 A.M.) and 1 CNA working on nights (9:30 P.M. to 5:30 A.M.)</p> <p>SM #37 indicated the last Health Care Administrator was in charge of scheduling staff and replacing staff who called off work. SM #37 indicated the HCA quit on a weekend because, according to SM #37, "the schedule was a "Nightmare".</p> <p>15. During a random observation on 7/8/16 at 12:45 P.M., four residents were sitting in wheelchairs lined up single file, outside the West hall shower room/bathroom door. At that time, Resident Z indicated that he/she and the rest of the residents who were waiting in the line were waiting to be toileted. Resident Z said, "This is just how they do it." At that time, LPN #16 indicated that the residents were lined up outside the door because the CNA's toileted the residents after lunch. Residents were toileted according to staff availability not by the needs of the resident.</p> <p>The policy and procedure for "Staffing" was provided by Administrator 2 (Health</p>			

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F 0490 SS=E Bldg. 00	<p>Care Administrator/Regional Director at 000571 facility) on 7/7/16 at 3:35 P.M., and the policy read as follows: "...Our facility provides adequate staffing to meet the needs of the resident population...Our facility maintains adequate staff on each shift to assure that the resident's needs are met..."</p> <p>This Federal Tag relates to Complaints IN00202860, IN00203177 and IN00202621.</p> <p>3.1-17(a)</p> <p>483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the facility was managed in a manner to ensure the Administrator was managing the daily operations of the facility by attending required QAA meetings, making self known to the residents, families and staff of facility, conducting business matters including finalizing</p>	F 0490	<p>The Provider requests a face to face Informal Dispute Resolution related to F490. F490 It is the practice of this facility to administer in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>1. Corrective actions</p>	08/07/2016

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	<p>reports filed by ISDH, and ensuring adequate number of staff were available to meet the residents' needs for 3 of 3 days of the survey.</p> <p>Findings include:</p> <p>Upon arrival at Loogootee Nursing Center (000164) on 7/6/16 at 10:30 A.M., the Receptionist at the front desk indicated the Director of Nursing was on site, but Administrator 2 would be coming from another facility (000571 facility) in a while.</p> <p>During the initial tour of the West hall with the Director of Nursing (DON) on 7/6/16 at 10:45 A.M., no Administrator was present. The DON indicated she had started working at the facility in April 2016 and assumed the DON position about a month ago. The DON said, "Our Administrator (referring to Administrator 2 at 000571 facility) is located at the other building." The DON indicated they had been without a Health Care Administrator in this facility (Loogootee Nursing Center) because the latest Health Care Administrator for Loogootee Nursing Center had quit a few weeks earlier (Administrator 3). The DON indicated that if she had any questions or needed anything she would call Administrator 2 in the other facility</p>		<p>accomplished for those residents found to be affected by the alleged deficient practice. a. There were no residents affected by alleged deficient practice. 2. To identify other residents who have the potential to be affected by the same alleged deficient practice. a. There were no residents affected by alleged deficient practice. 3. Measures and systemic changes put into place to ensure that the alleged deficient practice does not recur. a. Administrator #1 is the Licensed Administrator of the facility and has been since March 1, 2016. Administrator #1 provides oversight and management of the daily operations of the facility. This includes the participation in committee meetings, making rounds, assisting where necessary, directing staff, and assisting in ensuring staff coverage to meet the needs of the residents. As with any position, an employee is entitled to outside training or vacation approved at the discretion of their supervisor. Administrator #1 had prior engagements that were in place prior to taking the facility position. And with any position, when someone is on vacation or out for training, the facility continues with planned functions such as committee meetings. b. Administrator #2 serves as a Regional Director for this facility. Administrator #2</p>	

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	<p>(000571). The DON further indicated the 000571 facility was located near Loogootee Nursing Center and Administrator 2 would come over and check on them and see if they needed assistance.</p> <p>During an interview with Administrator 2 (who arrived from 000571 facility) and in the presence of the DON, on the West hall on 7/6/16 at 10:59 A.M., Administrator 2 indicated the current Administrator 1 (for Loogootee Nursing Center) was off today, but that Administrator 1 was just in the building yesterday and would be back tomorrow. Administrator 2 further indicated that she was the Administrator at facility 000571, as well as the Regional Director for both facility 000571 and Loogootee Nursing Center.</p> <p>During an interview with the DON on 7/6/16 at 11:03. A.M., in response to a question concerning the presence of Administrator 1, the DON shrugged her shoulders and said, "Well, you know, maybe she is here when I'm not."</p> <p>During an interview on 7/6/16 at 11:15 A.M., the Administrator 2 returned to West hall and indicated Management/Owner had just informed her that the Health Care Administrator</p>		<p>has manyyears of experience as a HFA and serves as an RDO/mentor to assist withquestions or issues that Administrator #1 may have. Administrator #2 (RDO) does not manage the daily operations of the facility, her job is to assist and provide guidance to Administrator#1. She is available to the staff ifthere is an emergency arises and Administrator #1 is unavailable.</p> <p>c. As stated during the complaint survey, there was <u>NO</u>Administrator #3. The facility hires someone to assist with the scheduling process and social services since the Director of Social Services was on maternity leave. That person held an Administrator license andshe had not practiced as an Administrator for years. Her position was to assist with the scheduling process and social services and was never listed as, or referred to, as the Administrator of the Facility. She approached ownership on the afternoon of Friday, June 17, 2016 andinquired about the position of Administrator, at which time she was informedshe would not attain that position. Shewas upset over that decision and turned in her keys and walked out of the facility Monday morning June 20, 2016 at around 8:00 am.</p> <p>4. Corrective action will be monitored to ensurethe deficient practice does not recur and</p>	

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NAME OF PROVIDER OR SUPPLIER LOGOOTEENURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 12802 E US HWY 50 LOGOOTEEN, IN 47553
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	<p>for this building (000164 Loogootee Nursing Center) was on vacation and would not return until next week.</p> <p>During an interview on 7/6/16 at 9:40 P.M., Staff Member (SM) #12 indicated that if she had an allegation of abuse she would report it to the Director of Nursing or to an Administrator. SM #12 further indicated that she guessed that Administrator 2 was the Administrator here (Loogootee Nursing Center).</p> <p>During an interview on 7/6/16 at 9:40 P.M., Administrator 2 called and asked if she needed to come to Loogootee Nursing Center to assist.</p> <p>During an interview on 7/6/16 at 9:45 A.M., SM #14 indicated she did not know who the Administrator was at Loogootee Nursing Center.</p> <p>During an interview on 7/6/16 at 9:55 P.M., SM #18 indicated she was not sure who the Administrator was at Loogootee Nursing Center.</p> <p>During an interview on 7/6/16 at 10:15 P.M., SM #20 indicated if she had concerns she would call Administrator 2. SM #20 indicated she was not sure who the Administrator was at Loogootee Nursing Center.</p>		<p>quality measures put into place are. a. The facilityAdministrator will continue to make herself visible during her continued timespent onsite at the Facility. b. Facility management and the HCA will continue tomonitor and ensure on an ongoing basis that the Facility continues to beadministered in a manner that enables it to use its resources effectively andefficiently to maintain the highest practicable physical, mental, andpsychosocial well-being of each resident. IDR Request: F490 - Regulation 483.75 EFFECTIVEADMINISTRATION/ RESIDENT WELL-BEING; A Facility must be administered in a mannerthat enables it to use its resources effectively and efficiently to attain ormaintain the highest practicable physical, mental, and psychosocial well-being of each resident. The 2567 states thatbased on observation, interview, and record review, the facility failed toensure the facility was managed in a manner to ensure the Administrator wasmanaging the daily operations of the facility by attending required QAmeetings, making self-known to the residents, families and staff of</p>	

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	<p>During an interview on 7/7/16 at 2:00 P.M., SM #45 indicated if she needed to report an allegation of abuse she would tell the DON and if the DON was not available then she would call the Administrator (for Loogootee Nursing Center). SM #45 indicated she was not sure who the Administrator was at Loogootee Nursing Center, so she would probably report it to Administrator 2. SM #45 indicated Administrator 1's license was on the desk in the office of Loogootee Nursing Center, but that she had not seen Administrator 1. SM #45 indicated that she had worked at the facility on day shift for several years.</p> <p>During an interview on 7/7/16 at 2:45 P.M., Staff Supervisor (SS) #22 indicated she had been working here (Loogootee Nursing Center) for a long time, but was unsure who the actual Administrator was at Loogootee Nursing Center, and said, "It's very confusing about the Administrator." SS #22 indicated she thought she would call Administrator 2 if she needed to report any allegations of abuse.</p> <p>During an interview on 7/7/16 at 3:45 P.M., Department Head (DH) #55 indicated she had worked here at Loogootee Nursing Center for years and</p>		<p>facility, conducting business matters including finalizing reports filed by ISDH, and ensuring adequate number of staff were available to meet the residents' needs for 3 of 3 days. In accordance with 42 CFR 483.75 cited on Form-2567, the facility was administered in a manner that enables it to use its resources effectively and efficiently to attain and maintain the highest practical physical, mental, and psychosocial well-being of each resident. Angela Mann is the Licensed Health Care Administrator (HCA) of the facility and has been since March 1, 2016. Ms. Mann provides oversight and management of the daily operations of the facility. This includes the participation in committee meetings, making rounds, assisting where necessary, directing staff, and assisting in ensuring staff coverage to meet the needs of the residents. As with any position, an employee is entitled to outside training or vacation approved at the discretion of the supervisor. Ms. Mann had prior planned engagements that were in place prior to taking the HCA Facility position. As with any position, when someone is on vacation or out for training, the facility continues with planned functions such as committee meetings. Ms. Mann has been extensively involved in this Facility</p>				

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	<p>had met Administrator 1 a couple of times.</p> <p>During an interview on 7/8/16 at 12:10 P.M., SM #16 indicated the list with Administrator 1's name and phone number and Administrator 2's name and phone number were posted on the wall behind the desk just this morning. SM #16 indicated she had never talked with Administrator 1 from Loogootee Nursing Center, but that she had instead called Administrator 2 about staffing issues.</p> <p>During an interview at the nurses' station on 7/8/16 at 12:30 P.M., the DON indicated she was unaware of Administrator 1's vacation and would not necessarily have been told about Administrator 1's week long vacation. The DON said, "The Administrator 2 will tell us if something is going on." The DON said, "She (Administrator 2) is the Regional and we call her." The DON said, "Administrator 2 would keep us informed about things like that. We just call her and she will let us know she is coming over."</p> <p>During an interview on 7/8/16 at 12:54 P.M., Resident X indicated he did not know who the Health Care Administrator was at Loogootee Nursing Center. He said, "They change so much you can't</p>		<p>since prior to becoming the licensedHCA March 1, 2016. Our claims to Ms.Mann's involvement at the Facility is evidenced by Attachments D: Administratorstate notification change form, E: Signature on State Fire Marshall report, F:Text messages with CNA's, G: Hotel receipt for prescheduled annual familyvacation July 6, 2016 through July 8, 2016 as Facility Management told to theSurveyor on July 6, 2016; and H: Payroll Register which shows Ms. Mann'scompensation as Administrator for the period March 1, 2016 through the date ofthe survey. SusanSluder serves as a Regional Director (RDO) for this facility. Ms. Sluder has many years of experience as aHFA and serves as an RDO/mentor to assist with questions or issues that theFacility HFA may have. Ms. Sluder doesnot manage the daily operations of the Facility nor is she responsible for thedaily operations. Her job is to assistand provide guidance to the Facility HCA. She is available to the staff if an emergency arises and the HCA isunavailable. Ms. Manncurrently resides in Franklin, Indiana which is approximately two hours drivingdistance to the Facility. Therefore, itis only prudent that the staff attempt to contact the RDO during times when theFacility HCA is not present in the Loogootee area</p>		

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	<p>keep up with it." He indicated he did know the Ombudsman.</p> <p>During an interview 7/8/16 at 3:00 P.M., Administrator 2 indicated that the current Health Care Administrator (Administrator 1) for Loogootee Nursing Center resided in Indianapolis, but that Administrator 1 came to the building about 3 times a week. Administrator 2 further indicated that the staff working on the night shift at Loogootee Nursing Center might not know Administrator 1 because they were not in the facility when Administrator 1 was in the building.</p> <p>Administrator 2 was made aware the dayshift staff, evening shift staff as well as some Department Heads also indicated they were confused and uncertain about who the Administrator was at Loogootee Nursing Center. Administrator 2 indicated she did not understand why the staff did not know who the Administrator was for Loogootee Nursing Center.</p> <p>During an interview on 7/8/16 at 12:30 P.M., Administrator 2, indicated she told Management/Owner, she could not have done this job (i.e., the HCA/RD Regional job) if she had not had really strong people working in her building (000571 facility) where she was the Administrator. Administrator 2 indicated</p>		<p>and a situation arises requiring immediate action. Ms. Mann should be recognized by most employees, since Ms. Mann has performed various functions at the Facility over the past three years as evidenced by the hours worked by Ms. Mann shown on the Facility Payroll Registers for the years ended 2014 and 2015 identified as Attachments I and J, respectively, and familiar with employees since Ms. Mann performed her Administrator in Training under the Administrator of Loogootee Nursing Centers' sister facility, Loogootee Healthcare & Rehabilitation Center, which is located less than one half mile from Loogootee Nursing Center. As stated during the survey process there was <u>NO</u> Administrator #3. The facility hired an individual to assist with the scheduling process and social services since the Director of Social Services was on maternity leave. That person held an Administrator license and had not practiced as an Administrator for years. Her position was to assist with the scheduling process and social services. She was never listed as, or referred to as, the Administrator of the Facility. She approached ownership on the afternoon of Friday, June 17, 2016 and inquired about the position of Administrator, at which time she was informed she would not attain</p>	

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	<p>she was responsible for the two facilities in town. Administrator 2 indicated that Administrator 1 at Loogootee Nursing Center had just been here and that Administrator 1 was in Loogootee Nursing Center 3 times last week. Administrator 2 indicated she could not help it if people on the staff did not see Administrator 1.</p> <p>The "Administrator Orientation Check List - Job description" was provided by Administrator 2 on 7/8/16 at 3:35 P.M., and it read as follows, "...Staffing...budget...reports...Department Managers...Duties...Daily Meeting...Quality Assurance Committee..."</p> <p>The Policy and Procedure for Administrator was provided by Administrator 2 on 7/8/16 at 3:35 P.M., and it read as follows, "...responsible for:...Managing the day to day functions of the facility...Implementing established resident care policies, personnel policies, other operational policies and procedures necessary to remain in compliance with required, regulations, and guidelines...serving as liaison to the governing board, medical staff, and other professional and supervisory staff...Evaluating and implementing recommendations from the facility's</p>		<p>that position. She was disgruntled over that decision and resigned, dropped off keys and walked out of the facility Monday morning June 20, 2016 at around 8:00 am.</p> <p>The Facility further meets the requirements necessary to ensure the Facility is managed in a manner that ensures the HCA manages the daily operation of the Facility by attending QAA meetings, making self known to residents, families and staff at the Facility and conducting business matters and operations of the Facility as evidenced by Attachment K which indicates the individuals who attended the QA meeting held on April 12, 2016. In attendance was the Facility DON, Pharmacist (which is a designated member of the facility staff), Medical Records Clerk, Medical Director, and the MDSCoordinator. As to why Ms. Mann did not attend QAA meeting held April 12, 2016 as identified on Form CMS-256, State records will confirm that Ms. Mann was taking her HFA State Boards in Indianapolis on April 12, 2016. Generally the Facility HCA is in attendance. However, this is not a requirement per regulation. This meeting included the information of the Facility Annual survey. The audit findings were discussed as included in the POC and the findings indicated there was no lapse of showers given. Ms. Mann, the Facility HCA, as referred to in the 2567, although</p>	

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	<p>committees (i.e., Quality Assessment and Assurance, Safety, ect.)...Ensuring that an adequate number of personnel are employed to meet resident needs..."</p> <p>The QA meeting sign-in sheet was provided by the DON on 7/8/16 at 12:10 P.M. At that time, the DON indicated that the staff who attended the 4/12/16, QAA Meeting were as the follows: RN #12, Pharmacist #2, Secretary #1, Medical Director #3, MDS #6. The DON indicated that it was not necessary for the Health Care Administrator to attend the Quality Assurances Meetings. At that time, Administrator 2 entered the DON's office and indicated that she did attend the QAA Quarterly Meetings in her facility (000571) unless she was on vacation. Administrator 2 indicated the Health Care Administrator should attend the Quality Assurance Meetings.</p> <p>During an interview on 7/8/16 at 1:10 P.M., Administrator 2 she indicated she signed the Resident Council minutes for April 2016 but could not find the files for addressing the Resident Councils concerns and grievances for May 2016. The June 2016 Resident Council minutes were signed by the Health Care Administrator #3 who resigned in June 2016.</p>		<p>not present at the meeting, did review the meetingminutes. Ms. Mann, as evidence byAttachment L, did attend the quarterly QA meeting held July 13, 2016. Tag F490is both arbitrary and capricious. The Facilitymaintains the necessary documentation that satisfies the governing regulationand therefore, Tag F490 should be removed from the deficiencies cited on FormCMS-2567.</p>	

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	<p>The 2567 for the Annual Survey was dated February 23, 2016, and was signed on March 10, 2016. The form read as follows: "...(name) Administrator 2...title...Regional Director...3/10/16..."</p> <p>The 2567 for Life Safety Code was dated 3/8/16 and was signed by Administrator 2 on 3/18/16.</p> <p>The 2567 cover letter for a Complaint dated May 18, 2016, was addressed to Administrator 1, but was signed by Administrator 2 on 5/23/16.</p> <p>During an interview on 7/8/16 at 12:30 P.M., Administrator 2 indicated Administrator 1 started working at Loogootee Nursing Center at the end of February 2016.</p> <p>The Indiana State Department of Health records for long Term Care notice of Administrator was reviewed. The list of Administrators were as follows:</p> <p>Administrator #1: 3/1/2016 (date of job assignment as Administrator of facility) Administrator #2 no record for Loogootee Nursing Center Administrator #3 no record for Loogootee Nursing Center</p>			

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F 0520 SS=E Bldg. 00	<p>This Federal Tag relates to Complaint IN00203177.</p> <p>3.1-13(e)(1) 3.1-13(t)(2)</p> <p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p>			

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	<p>Based on interview and record review, the facility failed to conduct the QAA quarterly meetings in a manner that effectively corrected quality deficiencies identified during the annual survey, and failed to continue to monitor the changes that were implemented to correct the deficiencies for 1 of 3 QAA attendance records review.</p> <p>Findings include:</p> <p>During an interview on 7/8/16 at 4:00 P. M., Administrator 2 indicated that showers were cited at the last annual survey in February 2016 and she thought the shower problem had been corrected.</p> <p>1. During an interview on 7/6/16 at 1:45 P.M., Resident K said, "I get a shower about once a week."</p> <p>The clinical record of Resident K was reviewed on 7/8/16 at 2:45 P.M. The record indicated the diagnoses of Resident K included, but were not limited to, heart failure, dementia, and diabetes mellitus.</p> <p>The most recent Quarterly MDS dated 4/7/16 indicated Resident K experienced moderate cognitive impairment. The MDS further indicated Resident K required the extensive assistance of one</p>	F 0520	<p>The Provider requests a face to face Informal Dispute Resolution related to F520. F520 It is the practice of the facility to maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least three members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. The Facility did and continues to maintain a quality assessment and assurance (QAA) committee that consists of the DON, the Facility medical director and at least three other members of the facility's staff (i.e. Pharmacist, Medical Records Clerk, MDS Coordinator, Social Services Designee, QA Coordinator and the Administrator.) The QAA committee does meet at least quarterly to identify issues with respect to which QAA activities are necessary and develops and implements appropriate plans of action to correct identified quality deficiencies. Furthermore, the Facility did monitor the changes that were implemented to correct the deficiencies</p>	08/07/2016	

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	<p>staff for bathing.</p> <p>The "Evening Shift Showers" schedule indicated Resident K was scheduled to receive a shower every Tuesday and Friday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident K on the following dates: Tuesday May 31, 2016 Friday June 3, 2016 Tuesday June 7, 2016 Friday June 10, 2016 Friday June 17, 2016 Tuesday June 21, 2016 Friday June 24, 2016 Friday July 1, 2016</p> <p>2. During an observation on 7/6/16 at 11:15 A.M., Resident Z was observed sitting in a wheelchair in no distress.</p> <p>The clinical record of Resident Z was reviewed on 7/8/16 at 2:55 P.M. The record indicated the diagnoses of Resident Q included, but were not limited to, atrial fibrillation, dementia, and diabetes mellitus.</p> <p>The most recent Quarterly MDS dated 5/28/16 indicated Resident Z experienced severe cognitive impairment. The MDS further indicated Resident Z required the</p>		<p>identified during the annual survey for all QAA meetings reviewed, including the QAA meeting held April 12, 2016 as evidenced by Attachment L, minutes of April 12, 2016 QAA meeting. 1. Corrective actions accomplished for those residents found to be affected by the alleged deficient practice. a. A Quality Assurance meeting was held on April 12, 2016 with attendance of the DON, Pharmacist (which is a designated member of the facility staff), Medical Records Clerk, Medical Director, and MDS Coordinator. The Administrator was out of town due to aprior engagement and unable to attend this meeting. As to why Administrator #1 did not attend QAA meeting held April 12, 2016 as identified on Form CMS-256, State records will confirm that Administrator #1 was taking her HFA State Boards in Indianapolis on April 12, 2016. She did attend the July 13, 2016 quarterly QA meeting. b. A review of shower schedule for all residents was completed to ensure that each resident was offered at least 2 showers per week. c. Shower schedules were reviewed and updated to reflect changes if necessary. d. C.N.A. Assignment sheets were reviewed and updated to reflect shower scheduled days. e. The residents are receiving their showers per their personal preference and in</p>	

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	<p>extensive assistance of one staff for bathing and was occasionally incontinent.</p> <p>The "Evening Shift Showers" schedule indicated Resident Z was scheduled to receive a shower every Tuesday and Friday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident Z on the following dates: Friday June 3, 2016 Tuesday June 7, 2016 Friday June 10, 2016 Friday June 17, 2016 Tuesday June 21, 2016 Friday June 24, 2016 Friday July 1, 2016</p> <p>3. During an interview on 7/7/16 at 11:05 A.M., Resident M indicated Resident M liked to take two showers a week in the evenings. Resident M indicated the facility was short staffed and they tried to work the showers in, but sometimes it a week passed before the next shower.</p> <p>The clinical record of Resident M was reviewed on 7/8/16 at 11:49 A.M. The record indicated the diagnoses of Resident M included, but were not limited to, diabetes mellitus, depression, and chronic obstructive pulmonary</p>		<p>accordance with their plan of care. There is documentation on the clinical record to indicate each time the resident has received a shower. There is also documentation to support that if a resident refuses a scheduled shower, the resident is offered the shower at a different time or a bed bath is given. 2. To identify other residents who have the potential to be affected by the same alleged deficient practice.</p> <p>a. A Quality Assurance meeting was held on April 12, 2016 with attendance of the DON, Pharmacist (which is a designated member of the facility staff), Medical Records Clerk, Medical Director, and MDS Coordinator. The Administrator was out of town due to prior engagement and unable to attend this meeting. As to why Administrator #1 did not attend QA meeting held April 12, 2016 as identified on Form CMS-256, State records will confirm that Administrator #1 was taking her HFA State Boards in Indianapolis on April 12, 2016. She did attend the July 13, 2016 quarterly QA meeting. b. A complete review of all residents shower schedules was completed to ensure that each resident was offered at least 2 showers per week. c. Shower schedules were reviewed and updated to reflect changes if necessary. d. C.N.A. Assignment sheets were reviewed and updated to reflect shower</p>	

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	<p>disease.</p> <p>The most recent Quarterly MDS dated 4/21/16 indicated Resident M experienced no cognitive impairment. The MDS further indicated Resident M required the extensive assistance of one staff for bathing.</p> <p>The "Evening Shift Showers" schedule indicated Resident M was scheduled to receive a shower every Wednesday and Saturday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident M on the following dates: Wednesday June 15, 2016 Saturday July 2, 2016</p> <p>4. During an interview on 7/7/16 at 3:01 P.M., Resident G said, "I'm not sure how often I should get a shower."</p> <p>The clinical record of Resident G was reviewed on 7/7/16 at 1:49 P.M. The record indicated the diagnoses of Resident G included, but were not limited to, cerebrovascular accident, dementia, heart failure, and arthritis.</p> <p>The most recent Quarterly MDS dated 5/26/16 indicated Resident G experienced no cognitive impairment.</p>		<p>scheduled days. e. All residents are receiving their showers in accordance with their personal preference. And there is documentation to support that the residents have received their showers. There is also documentation to support that if a resident refuses a scheduled shower that the resident is offered the shower at a different time or a bed bath is given. 3. Measures and systemic changes put into place to ensure that the alleged deficient practice does not recur. a. The Facility will and continue to maintain a quality assessment and assurance (QAA) committee that consists of the DON, the Facility medical director and at least three other members of the facility's staff (i.e. Pharmacist, Medical Records Clerk, MDS Coordinator, Social Services Designee, QA Coordinator and the Administrator.) b. The QAA committee will continue to meet at least quarterly to identify issues with respect to which QAA activities are necessary and develop and implement appropriate plans of action to correct identified quality deficiencies. 4. The corrective action will be monitored to ensure the alleged deficient practice does not recur and quality assurance measures put into place are: a. The Facility will and continue to maintain a quality assessment and assurance (QAA) committee that consists of</p>		

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	<p>The MDS further indicated Resident G required the extensive assistance of one staff for bathing and was occasionally incontinent.</p> <p>The "Evening Shift Showers" schedule indicated Resident G was scheduled to receive a shower every Wednesday and Saturday.</p> <p>Showers were not provided for Resident G on the following dates: Saturday June 4, 2016 Wednesday June 8, 2016 Saturday June 18, 2016 Wednesday June 29, 2016 Saturday July 2, 2016</p> <p>5. During an interview on 7/7/16 at 3:05 P.M., Resident Q said, "They missed my shower and did not give me another one until the next week."</p> <p>The clinical record of Resident Q was reviewed on 7/8/16 at 12:05 P.M. The record indicated the diagnoses of Resident Q included, but were not limited to, cerebrovascular accident, hemiplegia, and diabetes mellitus.</p> <p>The most recent Quarterly MDS dated 6/2/16 indicated Resident Q experienced no cognitive impairment. The MDS further indicated Resident Q required the</p>		<p>the DON, the Facility medical director and at least three other members of the facility's staff (i.e. Pharmacist, Medical Records Clerk, MDS Coordinator, Social Services Designee, QA Coordinator and the Administrator.) b. The QAA committee will continue to meet at least quarterly to identify issues with respect to which QAA activities are necessary and develop and implement appropriate plans of action to correct identified quality deficiencies. c. Facility management and the HCA will continue to monitor and ensure on an ongoing basis that the Facility continues to maintain a QAA committee consisting of the necessary members and will continue to monitor and ensure that such committee continues to meet quarterly and is attended by the necessary members. Facility management will ascertain such by reviewing minutes and sign in sheets produced at the QAA quarterly meetings. IDR request: F520 – Regulation 483.75(o)(1) QAA Committee-Members/Meet Quarterly/Plans; The 2567 states that based on interview and record review, the facility failed to conduct the QAA quarterly meetings in a manner that effectively corrected quality deficiencies identified during the annual survey, and failed to continue to monitor the changes</p>	

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	<p>extensive assistance of one staff for bathing and was occasionally incontinent.</p> <p>The "Evening Shift Showers" schedule indicated Resident Q was scheduled to receive a shower every Wednesday and Saturday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident Q on the following dates: Wednesday June 29, 2016 Saturday July 2, 2016</p> <p>6. During an interview on 7/6/16 at 1:45 P.M., Resident Y was observed sitting in a wheelchair in no distress.</p> <p>The clinical record of Resident Y was reviewed on 7/8/16 at 12:55 P.M. The record indicated the diagnoses of Resident Y included, but were not limited to, atrial fibrillation, dementia, and diabetes mellitus.</p> <p>The most recent Quarterly MDS dated 5/28/16 indicated Resident Y experienced severe cognitive impairment. The MDS further indicated Resident Y required the extensive assistance of one staff for bathing and was occasionally incontinent.</p> <p>The "Evening Shift Showers" schedule</p>		<p>that were implemented to correct the deficiencies for 1 of 3 QAA attendance records reviewed. The Facility did and continues to maintain a quality assessment and assurance (QAA) committee that consists of the DON, the Facility medical director and at least three other members of the facility's staff (i.e. Pharmacist, Medical Records Clerk, MDS Coordinator, Social Services Designee, QA Coordinator and the Administrator.) The QAA committee does meet at least quarterly to identify issues with respect to which QAA activities are necessary and develops and implements appropriate plans of action to correct identified quality deficiencies. In accordance with 42 CFR 483.75 (o)(1) QAA Committee-Members/Meet Quarterly/Plans, the Facility meets the requirements necessary to ensure the Facility is managed in a manner that ensures the HCA manages the daily operation of the Facility by attending QAA meetings, making self known to residents, families and staff at the Facility and conducting business matters and operations of the Facility as evidenced by Attachment K which indicates the individuals who attended the QA meeting held on April 12, 2016. In attendance was the Facility DON, Pharmacist (which is a designated member of</p>		

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	<p>indicated Resident Y was scheduled to receive a shower every Tuesday and Friday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident Y on the following dates: Friday June 3, 2016 Tuesday June 7, 2016 Friday June 10, 2016 Friday June 17, 2016 Tuesday June 21, 2016</p> <p>7. The clinical record of Resident F was reviewed on 7/8/16 at 12:05 P.M. The record indicated the diagnoses of Resident F included, but were not limited to, dementia and diabetes mellitus.</p> <p>The most recent Quarterly MDS dated 6/23/16 indicated Resident F experienced moderate cognitive impairment. The MDS further indicated Resident F required the extensive assistance of one staff for bathing and was frequently incontinent of bowel and bladder.</p> <p>The "Day Shift Showers" schedule indicated Resident F was scheduled to receive a shower every Wednesday and Saturday.</p> <p>The resident shower verification forms indicated showers were not provided for</p>		<p>the facility staff), MedicalRecords Clerk, Medical Director, and the MDS Coordinator. As to why Ms. Mann did not attend QAA meeting held April 12, 2016 as identified on Form CMS-256, State records will confirm that Ms. Mann was taking her HFA State Boards on April 12, 2016. Generally the Facility HCA is in attendance. However, this is not a requirement per regulation. Furthermore, the Facility did monitor the changes that were implemented to correct the deficiencies identified during the annual survey for all QAA meetings reviewed, including the QAA meeting held April 12, 2016 as evidenced by Attachment L, minutes of April 12, 2016 QAA meeting which indicates the audit findings were discussed as included in the POC and the findings indicated there was no lapse of showers given. Ms. Mann, the Facility HCA as referred to in the 2567, although not present at the meeting, did review the meeting minutes. Ms. Mann, the Facility HCA, as evidence by Attachment M did attend the quarterly QA meeting held July 13, 2016. Tag F520 is both arbitrary and capricious. The Facility maintains the necessary documentation that satisfies the governing regulation and therefore, Tag F520 should be removed from the deficiencies cited on Form CMS-2567. The tags discussed in this IDR</p>		

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	<p>Resident F on the following dates: Wednesday June 1, 2016 Saturday June 11, 2016 Wednesday June 22, 2016</p> <p>8. The clinical record of Resident B was reviewed on 7/8/16 at 12:10 P.M. The record indicated the diagnoses of Resident B included, but were not limited to, dementia, Alzheimer's disease, diabetes mellitus, and depression.</p> <p>The most recent Quarterly MDS dated 5/12/16 indicated Resident B experienced no cognitive impairment. The MDS further indicated Resident B required the extensive assistance of one staff for bathing and was frequently incontinent of bowel and bladder.</p> <p>The "Day Shift Showers" schedule indicated Resident B was scheduled to receive a shower every Wednesday and Saturday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident B on the following dates: Saturday June 11, 2016 Wednesday June 22, 2016</p> <p>9. The clinical record of Resident I was reviewed on 7/8/16 at 12:20 P.M. The record indicated the diagnoses of</p>		<p>requestare not an accurate reflection of what took place during the complaint surveyor the period of time reviewed during the survey. Our facility report card score will beadversely affected as a result and will put an undue hardship on the Provider. The Provider further asserts that certaincomments and accusations contained in the related Form CMS-2567 are not a truereflection of the Provider and individuals referred to therein. Therefore, we conclude that these deficienciesare incorrect citings and should be eliminated.</p>	

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	<p>Resident I included, but were not limited to, heart failure and cerebrovascular accident.</p> <p>The most recent Quarterly MDS dated 5/13/16 indicated Resident I experienced severe cognitive impairment. The MDS further indicated Resident I required the extensive assistance of one staff for bathing and was occasionally incontinent.</p> <p>The "Day Shift Showers" schedule indicated Resident I was scheduled to receive a shower every Wednesday and Saturday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident I on the following dates: Saturday June 11, 2016 Saturday June 25, 2016 Wednesday June 29, 2016</p> <p>10. The clinical record of Resident C was reviewed on 7/8/16 at 12:30 P.M. The record indicated the diagnoses of Resident C included, but were not limited to, dementia, depression and DVT (deep vein thrombosis).</p> <p>The most recent Quarterly MDS dated 5/15/16 indicated Resident C experienced no cognitive impairment. The MDS further indicated Resident C required the</p>			

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	<p>extensive assistance of one staff for bathing.</p> <p>The "Day Shift Showers" schedule indicated Resident C was scheduled to receive a shower every Wednesday and Saturday.</p> <p>Showers were not provided for Resident C on the following dates: Saturday June 11, 2016 Saturday June 25, 2016 Wednesday June 29, 2016</p> <p>11. The clinical record of Resident D was reviewed on 7/7/16 at 2:45 P.M. The record indicated the diagnoses of Resident D included, but were not limited to, heart failure, anxiety, and asthma.</p> <p>The most recent Quarterly MDS dated 6/9/16 indicated Resident D experienced no cognitive impairment. The MDS further indicated Resident D required the extensive assistance of one staff for bathing and was occasionally incontinent.</p> <p>The "Day Shift Showers" schedule indicated Resident D was scheduled to receive a shower every Wednesday and Saturday.</p> <p>The resident shower verification forms indicated showers were not provided for</p>			

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	<p>Resident D on the following dates: Saturday June 11, 2016 Wednesday June 22, 2016</p> <p>12. The clinical record of Resident H was reviewed on 7/8/16 at 11:25 P.M. The record indicated the diagnoses of Resident H included, but were not limited to, cerebrovascular accident, hypertension, and Alzheimer's disease.</p> <p>The most recent Quarterly MDS dated 6/3/16 indicated Resident H experienced severe cognitive impairment. The MDS further indicated Resident H required the extensive assistance of one staff for bathing and was occasionally incontinent.</p> <p>The "Day Shift Showers" schedule indicated Resident H was to receive a shower every Wednesday and Saturday.</p> <p>The resident shower verification forms indicated showers were not provided for Resident H on the following dates: Saturday June 11, 2016 Wednesday June 15, 2016 Saturday June 18, 2016 Saturday June 22, 2016 Wednesday June 29, 2016</p> <p>13. During an interview on 7/8/16 at 12:54 P.M., Resident X indicated he/she got showers most of the time, but added</p>			

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	<p>that sometimes they don't have enough help and Resident X said, "they get to you when they can."</p> <p>14. The QA meeting sign-in sheet was provided by the DON on 7/8/16 at 12:10 P.M. The QA meeting sign-in sheet lacked documentation that Administrator 1 attended the QA meeting on 4/12/16. At that time, the DON indicated that the staff who attended the QA meeting on 4/12/16, were as follows: RN #12, Pharmacist #2, Secretary #1, Medical Director #3, and MDS #6. The DON indicated that it was not necessary for the Health Care Administrator to attend the Quality Assurances Meetings. At that time, Administrator 2 entered the DON's office and indicated that she did attend the QA Quarterly Meetings in her facility (000571) unless she was on vacation. Administrator 2 indicated the Health Care Administrator should attend the Quality Assurance Meetings.</p> <p>The "Administrator Orientation Check List - Job description" was provided on 7/8/16 at 3:35 P.M., and it read as follows, "...Staffing...budget...reports...Department Managers...Duties...Daily Meeting...Quality Assurance Committee..."</p>			

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	<p>The Policy and Procedure for Administrator was provided by Administrator 2 on 7/8/16 at 3:35 P.M., and it read as follows, "...responsible for:...Managing the day to day functions of the facility...Implementing established resident care policies, personnel policies, other operational policies and procedures necessary to remain in compliance with required, regulations, and guidelines...serving as liaison to the governing board, medical staff, and other professional and supervisory staff...Evaluating and implementing recommendations from the facility's committees (i.e., Quality Assessment and Assurance, Safety, ect.)...Ensuring that an adequate number of personnel are employed to meet resident needs..."</p> <p>3.1-52(b)(2)</p>			