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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155674 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>01/10/2014 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>ST CHARLES HEALTH CAMPUS | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3150 ST CHARLES ST<br>JASPER, IN 47546 |
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| F000000            | <p>This visit was for the Investigation of Complaint IN00140114.</p> <p>Complaint IN00140114 - Substantiated, Federal/State deficiencies related to the allegations are cited at F323 and F353.</p> <p>Survey dates:<br/>January 8, 9, 10, 2013</p> <p>Facility number: 002628<br/>Provider number: 155674<br/>AIM number: 200299110</p> <p>Survey team:<br/>Anne Marie Crays RN</p> <p>Census bed type:<br/>SNF: 16<br/>SNF/NF: 39<br/>Residential: 29<br/>Total: 84</p> <p>Census payor type:<br/>Medicare: 18<br/>Medicaid: 25<br/>Other: 41<br/>Total: 84</p> <p>Sample: 8</p> | F000000       | 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 1-10-2014 Please accept this plan of correction as the provider's credible aggregation of compliance effective on or before 2-9-2014 We respectfully request a desk review for compliance. |                      |

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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|  | <p>Residential sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 13, 2014, by Jodi Meyer, RN</p>   |   |   |                      |   |
| F000323<br>SS=D  | <p>483.25(h)<br/>FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br/>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> | F000323   | F 323 Resident A, F, and J suffered no ill effects from the   | 02/09/2014           |   |

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|  | <p>Based on observation, interview, and record review, the facility failed to ensure alarms were not used in place of supervision for a resident with repeated falls; failed to use a gait belt and 2 assist during a transfer; and left a dependent resident unattended, for 3 of 5 residents reviewed for falls, in sample of 8. Resident A, Resident F, Resident J</p> <p>Findings include:</p> <p>1. On 1/8/14 at 9:40 A.M., during the initial tour, the Director of Health Services (DHS) indicated Resident A had fallen in the previous 2-3 months.</p> <p>On 1/8/14 at 11:00 A.M., Resident A was observed sitting in a low broda wheelchair in the hallway, unattended by staff. An alarm box was observed attached to the wheelchair.</p> <p>The clinical record of Resident A was reviewed on 1/8/14 at 11:45 A.M. Diagnoses included, but were not limited to, dementia.</p> <p>Documentation indicated Resident A had resided on the residential side of the facility. After falling on</p> |   | <p>alleged deficiency. Resident A is currently not in the campus. Resident F has been reassessed by therapy for transfer needs and staff in serviced. Resident J plan of care for fall prevention reviewed and updated as necessary. Completion Date 2-9-2014 All other residents are at risk to be affected by the alleged deficiency and through alterations in processes and in servicing the campus will ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Completion Date 2-9-2014 Systemic change is nurses and aides to complete pre shift safety meeting to discuss supervision of residents at risk for falls. Nursing staff have been in serviced concerning C.N.A. assignment sheets, supervision of residents, transfer needs of residents, and pre shift safety meeting. Completion Date 2-9-2014 DHS /designee will monitor 3 random resident at risk for falls to assure safety interventions in place as per plan of care, transfers occurring per plan of care, and adequate supervision to prevent incidents 5x a week for a month then 3x a week for a month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review</p> |   |  |   |  |

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|  | <p>11/12/13, 11/14/13, 11/15/13, and 11/16/13, the resident was admitted to the skilled side of the facility on 11/19/13.</p> <p>A Nursing Admission Assessment, dated 11/19/13 and untimed, included: "Transfers Assist x 2 Extensive...Ambulation Assist x 2 Extensive...ST [short term] memory deficits/unable to recall after 5 minutes, LT [long term] memory problems - unable to recall past events...Impaired cognition related to: dementia, anxiety, Reduced physical functioning related to: pneumonia...Has difficulty understanding and following directions? Y [yes], Has a history of falls? Y, Requires assistance to ambulate? Y, Has poor/impaired vision? Y...Takes meds that may affect balance, cognition, or gait. Y, Incontinent of bowel and/or bladder? Y. Has disease or condition that predisposes to falls? Y Resident is unable to use call lights. N [No]...Safety Plan of Care: Ensure glasses are clean and in place. Refer to therapy PT/OT [physical therapy/occupational therapy], Ensure call light is within reach, Redirect resident, Instruct resident on use of call light."</p> |   | and further suggestions/commentsCompletion Date 02-9-14   |   |  |   |  |

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|                    | <p>A "Change in Condition Form," dated 11/22/13 at 2:00 A.M., indicated, "Res [resident] has bruise to [left] outer hip purple in color 19 cm [centimeters] long x 8 cm wide probably from fall 11-19-13 on A.L. [assisted living]...will monitor."</p> <p>A Minimum Data Set (MDS) assessment, dated 11/27/13, indicated Resident A scored a 6 out of 15 for cognition, with 15 indicating no memory impairment. The MDS assessment indicated Resident A required extensive assistance of two+ staff for bed mobility, transfer, and locomotion on and off of the unit. A test for balance during transitions and walking indicated "Not steady, only able to stabilize with staff assistance."</p> <p>A Resident Care Plan, dated 11/27/13, included: "Problems, Falls, At risk for fall/injury AEB [as evidenced by] History of Falls, Potential for fall R/T related to Normal of progression of disease process with unavoidable and/or predictable decline." Interventions included: "Call light within reach, Remind resident and reinforce safety awareness, Educate/remind resident to request assistance prior to ambulation, Pad alarm to bed</p> |               |   |                      |

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|                    | <p>[and] w/c [wheelchair] @ all x's [times], 12/17/13 One of 1st to bed [after] meals."</p> <p>Nurse's Notes included the following notations:</p> <p>11/27/13 at 11:30 A.M.: "CNA informed me that alarm was sounding et [and] resident was observed on floor in front of w/c [wheelchair]...resident was attempting to go to bed. Alarm was hanging off front of w/c where resident has scooted self forward...dycem placed on w/c...."</p> <p>A "Fall Circumstance, Assessment and Intervention" form, dated 12/5/13 at 9:15 P.M., indicated: "...Location of fall, resident room, Witnessed: [No], Found on floor, Injury: Knot on heade [sic]. Injury location: head...Activity at time of fall: Transferring self...Prevention Update: Bedside mat, Low bed...."</p> <p>A Nurse's Note, dated 12/5/13 at 9:45 P.M., indicated: "Resident fell transferring [sic] self to restroom. Call light in reach. Bed in low position. Alarms in place et functioning...Floor mat in place as intervention...Resident has contusion on top of head...."</p> |               |   |                      |

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|                    | <p>A Nurse's Note, dated 12/6/13 at 3:05 A.M., indicated: "Resident fell in Res. [resident] doorway. Call light was within reach. Bed in low position. Alarms in place et functioning...Floor mat in place as intervention...Resident has redness on [right] shoulder [and] skin tear on [right] elbow 1.2 cm [centimeters] x 0.3 cm...Will continue to monitor."</p> <p>A "Fall Circumstance, Assessment and Intervention" form, dated 12/6/13 at 3:05 A.M., indicated: "...Location of fall, resident room, Witnessed: [No], Found on floor, Injury: redness on [right] shoulder. Injury location: [Right] shoulder, [right] elbow...Activity at time of fall: Transferring self...Prevention Update: Lab testing...."</p> <p>A Monthly Nursing Assessment, dated 12/9/13 and untimed, included: "ST memory deficits...LT memory problems.....Impaired cognition related to: dementia/anxiety, Reduced physical functioning related to: [left blank]...Has difficulty understanding and following directions? Y, Has a history of falls? Y, Requires assistance to ambulate? Y, Has poor/impaired vision? Y...Takes</p> |               |   |                      |

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|  | <p>meds that may affect balance, cognition, or gait. N, Incontinent of bowel and/or bladder? Y. Has disease or condition that predisposes to falls? Y Resident is unable to use call lights. Y...Safety, Fall Risk [left blank]...."</p> <p>Nurse's Notes continued:</p> <p>12/10/13 at 7:00 P.M.: "Resident pulled self up on Med Cart to get a drink, resident tried to set [sic] back down and the w/c rolled back...Anti tippers to w/c at all times."</p> <p>12/17/13 at 6:30 P.M.: "As this nurse was pushing residents back from supper et was on 100 hall alarm sounded et this nurse immediately ran to pt [patient] et was found on buttocks in front of his chair in hallway. When asked pt what he was trying to do he stated isn't this my room et I wanted to lay down...Pt. was alert [with] confusion noted...Immediate intervention was to lay him down et toilet him. Intervention in place to be the 1st one down after meals to decrease falls...."</p> <p>1/6/14 at 6:00 P.M.: "Since 0600 [6:00 A.M.] today res has been 1 on 1 [with] staff. He wants to lie down,</p> |   |   |   |  |   |  |

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|  | <p>so staff lays him down and within 3-5 minutes he sets off alarm [and] starts crawling out of bed..."</p> <p>1/7/14 at 10:00 P.M.: "Resident has been one on one since 4 pm this eve. Has been up and down in w/c. States he has to go the [sic] BR [bathroom] et staff takes him and lays him down. W/in [within] 3-5 mins alarms goes off et he starts crawling out of bed...Family was called to come sit [with] him et none ever showed up...Will cont. to monitor."</p> <p>On 1/9/14 at 2:45 P.M., during interview with the Executive Director (ED), she indicated the facility had determined the resident's status had declined, and so the resident was transferred from the residential side to the health care side of the facility. The ED indicated the staff was attempting to work with the resident's physician regarding the resident's medications. The ED indicated the facility hoped to transfer the resident to the hospital for an inpatient evaluation.</p> <p>2. On 1/8/14 at 9:40 A.M., during the initial tour, the DHS indicated Resident F had fallen in the previous 2-3 months.</p> |   |   |                      |   |

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|                    | <p>The clinical record of Resident F was reviewed on 1/9/14 at 11:35 A.M. Diagnoses included, but were not limited to, history of right above the knee amputation. The resident was readmitted to the facility on 12/9/13 following a hospital stay.</p> <p>A Nursing Admission Assessment, dated 12/9/13 and untimed, indicated the resident required extensive assistance of 1-2 staff for transfers and toileting. The assessment indicated the resident was alert and oriented.</p> <p>Nurse's Notes, dated 12/10/13 at 2:10 P.M., indicated: "Resident was standing to go to the toilet et [and] knee gave out et was assisted to the floor...."</p> <p>A Fall Circumstance Assessment and Intervention form, dated 12/10/13, included: "Assisted to floor...Prevention update: Transfer [and] slide board."</p> <p>An MDS assessment, dated 12/13/13, indicated the resident scored a 14 out of 15 for cognition, with 15 indicating no memory impairment. The resident required extensive assistance of two+ staff</p> |               |   |                      |

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|                    | <p>for bed mobility, transfer, and locomotion on the unit.</p> <p>A Physician's order, dated 12/20/13, indicated, "Assist of 2 [with] sliding board for all transfers."</p> <p>A "Change in Condition Form," dated 12/21/13 at 12:30 P.M., indicated: "Rsd [resident] has difficulty transferring [with] assist of [two] at times d/t [due to] weakness. Can we have an order for Hoyer [mechanical lift] prn [as needed]?...Physican order/response to communication: OK for PRN Hoyer d/t weakness...."</p> <p>A Resident Care Plan, dated 12/23/13, indicated: "Problems, Falls, At risk for fall/injury AEB History of Falls, Potential for fall R/T Disease process/condition: R AKA [right above the knee amputation], Funcional Problems: physical functioning, Medication usage...."</p> <p>An additional Resident Care Plan, dated 12/23/13, indicated: "Problems, ADL [activities of daily living] self-care deficit...Needs assistance or is dependent in bed mobility, transfer...toilet use, personal hygiene, bathing...Interventions, Assist of 1,</p> |               |   |                      |

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|                    | <p>2...."</p> <p>Nurse's Notes, dated 1/4/14 at 8:15 A.M., indicated: "It was reported to me by another nurse that she heard a noise coming from shower room. Went in noted res. on floor. CNA by her side another CNA was also in shower rm [room]...Res assisted into w/c...."</p> <p>A Fall Circumstance, Assessment, and Intervention form, dated 1/4/14, included: "...CNA not using gait belt et [two] A [assist]...Prevention Update:...Staff education...."</p> <p>On 1/9/14 at 2:00 P.M., Resident F was interviewed. Resident F indicated she had fallen recently in the shower room. Resident F indicated, "That little CNA had me holding on to the tub, and it seemed like it was taking a long time. My leg just gave out on me."</p> <p>On 1/9/14 at 2:45 P.M., during interview with the ED, she indicated that there were 2 CNAs in the shower room at the time of Resident F's fall. The ED indicated the CNA responsible should have been using a gait belt and 2 staff to assist the resident.</p> |               |   |                      |

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|                    | <p>3. On 1/8/14 at 9:40 A.M., during the initial tour, the DHS indicated Resident J had fallen in the previous 2-3 months.</p> <p>The clinical record of Resident J was reviewed on 1/9/14 at 12:15 P.M. Diagnoses included, but were not limited to, Alzheimer's dementia, CVA, and history of falls.</p> <p>A Nurse's Note, dated 10/6/13 at 6:25 P.M., indicated, "CNA reported to [name] that [Resident J] was sitting on floor in 200 hall leaning against w/c [wheelchair] [with] alarm sounding...Intervention to put res to bed 1st [after] meals [and] get res up last in AM [and] [after] napping. Res. will be monitored as per protocol."</p> <p>A Minimum Data Set (MDS) assessment, dated 11/7/13, indicated Resident J was unable to complete a brief interview for mental status, and was severely impaired in cognitive skills for daily decision making. The resident required extensive assistance of two+ staff for bed mobility, transfer, toilet use, and personal hygiene. A test for balance during transitions and walking indicated "Not steady, only able to stabilize with staff assistance."</p> |               |   |                      |

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|  | <p>Nurse's Notes, dated 12/13/13 at 9:00 P.M., indicated, "Resident found in front of w/c, alarm sounding, but faint d/t [due to] resident leaning on alarm, looks as though resident slid out of chair - small red/pink area on back [left] side 3 cm x 4 cm...."</p> <p>A Fall Circumstance, Assessment, and Intervention form, dated 12/13/13, indicated: "Witnessed: N [no], Found on floor, Injury: small red/pink area, Injury location: [Left] side of back...Prevention Update: dycem to wheelchair."</p> <p>Nurse's Notes, dated 12/21/13 at 6:20 P.M., indicated, "Rsd. [resident] was in shower room [with] [CNA # 1] getting ready for shower. [CNA # 1] pushed rsd into shower stoll [sic] in shower chair, left rsd long enough to get towels from across the room, [CNA # 1] went back into shower stoll rsd was on floor...Rsd did hit [left] side of forehead on wall...."</p> <p>A Fall Circumstance, Assessment, and Intervention form, dated 12/21/13, indicated, "...Witnessed: N, Found on floor, Injury location: L [left] side of forehead...Activity at time of fall: Transferring self...Root</p> |   |   |   |  |   |  |

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|                    | <p>cause: Staff error, resident unattended."</p> <p>On 1/9/14 at 2:05 P.M., Resident J was observed lying in a low bed. An alarm box was observed attached to the resident's bed.</p> <p>4. On 1/9/14 at 4:45 P.M., the Executive Director (ED) provided the current facility policy on the "Falls Management Program Guidelines," revised 3/08. The policy included: "[Name of corporation] strives to maintain a hazard free environment, mitigate fall risk factors and implement preventative measures...Should the resident experience a fall...includes an investigation of the circumstances surrounding the fall to determine the cause of the episode, a reassessment to identify possible contributing factors, interventions to reduce risk of repeat episode...."</p> <p>On 1/9/14 at 4:45 P.M., the ED provided the current "Guidelines for Gait Belt Use," undated. The ED indicated nursing staff signs this form upon hire. The guidelines included: "Purpose: To ensure safety for the resident and staff during transfers and mobility activities...."</p> |               |   |                      |

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|  | This Federal tag relates to Complaint IN00140114.<br><br>3.1-45(a)(2)  |   |   |                      |   |

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| F000353<br>SS=E    | <p>483.30(a)<br/>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 interview and record review, the facility failed to ensure sufficient staffing was available to provide showers twice weekly, answer call lights timely, administer medications and complete treatments , for 3 of 3 residents interviewed, 2 of 2 family members interviewed, and 6 of 9 staff interviewed, in a sample of 8 residents. Residents F, H, I, C, K</p> <p>Findings include:</p> | F000353       | F 353Resident's F, H, I, C, and K suffered no ill effects fro the alleged deficiencyCompletion Date 2-9-2014 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 residents, as determined by resident assessments and individual plans of care.Completion Date | 02/09/2014           |

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|  | <p>1. On 1/8/14 at 11:25 A.M., the Assistant Director of Nursing provided CNA assignment sheets. The sheets indicated out of 55 residents, 20 required assistance of 1 for transfer, 20 required assistance of 2 for transfer, and 1 was "dependent." The assignment sheets indicated 21 residents were fall risks, with 12 residents having some sort of alarm and most having more than 1 alarm. There were 29 residents identified as being incontinent or on a toileting schedule, and 3 residents identified as "check and change" every 2 hours.</p> <p>On 1/8/13 at 12:00 P.M., Resident Council minutes were reviewed. The minutes included:</p> <p>11/25/13 with 5 residents in attendance: "Nursing - There was a question on if the call light should be turned off if the person answering needs to get more help. DHS [Director of Health Services] came in and explained our policy is not to turn it off."</p> <p>12/23/13 with 7 residents in attendance: "Old Business: Residents state call lights are being turned off before Residents are</p> |   | <p>2-9-2014 An in service/ roundtable was held to discuss staffing and meeting resident needs. Systemic change is an audit of showers will be completed daily and results will be discussed in morning meeting. A leader will complete and audit of medications/treatments to ensure completion and timeliness with results discussed in morning meeting. A leader will complete timed call light test daily with results discussed in morning meeting. Any unfavorable results of audits will be addressed and rectified as applicable. Will meet with staff and residents bi-monthly to discuss if nursing services meeting resident needs. Completion Date 2-9-2014 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 2-9-2014</p> |   |  |   |  |

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|                    | <p>assisted. For example, if they have to get another aide to help...New Business:...Nursing - See old business...."</p> <p>2. The following residents were interviewed regarding available staff:</p> <p>Resident H indicated, "Sometimes it takes awhile for the call lights to be answered. It can take 1/2 hour."<br/>Resident H indicated it was not a specific time of day. Resident H indicated he thought he received a shower one time a week.</p> <p>Resident I indicated, "They try hard, but sometimes it takes quite awhile to answer call lights." Resident I indicated, "I try not to use it that much because they are so busy."</p> <p>Resident F indicated she "usually" received showers twice weekly. She indicated, "It sometimes takes a long time for call lights" to be answered. She indicated she "didn't like to wait too long," but that she had to wait for the staff to help her. She indicated, "It seems worse first thing in the morning, and then a couple more times during the day."</p> <p>3. The following families of residents were interviewed regarding staffing:</p> |               |   |                      |

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|                    | <p>The family member of Resident C indicated she didn't think her family member received enough showers. She indicated he gets shaved "sometimes." She indicated, "Sometimes it takes quite awhile for call lights to be answered." Resident C was observed to be unshaven.</p> <p>The family member of Resident K indicated everyone was nice, but that, "They are just so short staffed." She indicated "there just does not seem to be enough staff." She indicated, "Call lights - that's the big problem." She indicated, "Sometimes you wait 1/2 hour or more for call lights to be answered." She indicated Resident K received her showers from hospice staff, so she knew they were completed now.</p> <p>4. The following staff, licensed and non-licensed and who worked all 3 shifts, were interviewed confidentially, and indicated the following:</p> <p>Staff # 1 indicated she could not always get all of her work done, including passing medications and completing treatments. Staff # 1 indicated, "No, I can't always get it done. It's impossible. If I get</p> |               |   |                      |

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|                    | <p>admissions and have [residents with] alarms, I can't." She indicated she frequently has to stay over to complete her work.</p> <p>Staff # 2 indicated she has to stay over sometimes to complete all of her work. She indicated she thought that residents received their showers "most of the time." She indicated when there are 5-6 showers scheduled on 1 hall, "that's a lot."</p> <p>Staff # 3 indicated she frequently has to stay over to complete her work. She indicated she has not been able to do any of her treatments at times. She indicated, "It's just real hard to pass meds, do treatments and assessments, and answer call lights." She indicated she was unsure if residents always received their showers. She indicated she was aware of other staff who "just don't do it [medications and treatments]."</p> <p>Staff # 4 indicated, "No, I'm not able to get all of the meds passed and treatments done." She indicated she frequently will not take breaks or lunches, and has to work overtime. She indicated, "There is not enough help on the floor." Staff # 4 indicated showers "are not always getting</p> |               |   |                      |

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|                    | <p>done." She indicated meds are not always being given and treatments are not always getting done.</p> <p>Staff # 5 indicated, "Most of the time we can get it done, but not always." She indicated showers "don't always get done." She indicated, "We get call lights as we can." Staff # 5 indicated, "They don't like us to work late." She indicated she gets her lunch and/or breaks "sometimes."</p> <p>Staff # 6 indicated, "Sometimes we are pressed for time, and can't get it all done. She indicated showers were sometimes missed, because "it was more important to the alert and oriented residents to receive ice water."</p> <p>On 1/9/14 at 2:10 P.M., during interview with the Unit Manager, she indicated she does the scheduling. She indicated the schedule is "census based." She indicated when the census is lower, the CNA and staffing is less. The Unit Manager indicated she attempts to staff the Health Care side with 3 nurses and 5 CNAs on day shift; 2-3 nurses and 4-5 CNAs on evening shift, and 2 nurses and 2 CNAs on night shift.</p> <p>On 1/9/14 at 2:45 P.M., during</p> |               |   |                      |

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|                    | <p>interview with the Executive Director, she indicated she did not feel the facility was short staffed.</p> <p>This Federal tag relates to Complaint IN00140114.</p> <p>3.1-17(a)</p> |               |   |                      |