STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	155767		07/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGHURST HEALTH CAMPUS	628 N MERIDIAN RD GREENFIELD, IN 46140

(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 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00200623 and Complaint IN00203247. Complaint IN00200623 -- Substantiated. Federal/state deficiencies related to the allegations are cited at F278, and F353. Complaint IN00203247 -- Substantiated. Federal/state deficiencies related to the allegations are cited at F278,F282, F353 and F514. Survey dates: July 6 and 7, 2016 Facility number: 005954 Provider number: 155767 AIM number: 201068810 Census bed type: SNF: 28 SNF/NF: 31 Residential: 45 Total: 104 Census payor type: Medicare: 23 Medicaid: 9 Other: 27 Total: 59	F 0000	Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law.The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the survey. Please accept this plan of correction as the provider's credible allegation of compliance. The Provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Sample: 4 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed by 30576 on July 11, 2016			
F 0278 SS=D Bldg. 00	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil			

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	money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a material and false statement.			
	Based on interview and record review, the facility failed to ensure the initial and subsequent assessments of 2 of 3 residents reviewed for assessments in a sample of 4 reflected the resident's status in an accurate and consistent manner. (Residents #A and #B) Findings include: 1. Resident #B's clinical record was reviewed on 7-6-16 at 11:00 a.m. It indicated he was admitted to the facility on 4-28-16. His diagnoses included, but were not limited to acute and chronic respiratory failure, COPD (chronic obstructive pulmonary failure), atrial fibrillation, anemia and weakness. His discharge orders from the hospital, dated 4-28-16, indicated he was to use supplemental oxygen at five liters per minutes via nasal cannula. The hospital discharge summary, dated 4-28-16, indicated he had a history of chronic respiratory problems, dating back for at least six years and had used supplemental oxygen in the home setting for an unspecified period. It indicated he had lower extremity edema.	F 0278	**Corrective actions accomplished for those residents found to be affected by the alleged deficient practice:** Residents A and B are discharged. **Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken**: All residents have the potential to be affected. Director of Health Services (DHS) or designee will audit admissions for past 7 days to ensure they are accurate. **Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:** DHS or designee will re-educate the nursing staff on the following guideline: Nursing Admission Data Collection - online course. **How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:** The following audits and /or observations for newly admitted resident assessments will be conducted by the DHS or designee 2 times per week for 8 weeks, then monthly times 4 months to ensure compliance: Audits of Newly Admitted Resident Assessments. The results of the audit observations	08/06/2016

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	Review of the admission nursing assessment, dated 4-28-16 at 10:18 p.m., indicated he was alert and oriented to person, place, time and situation. He was able to stand and pivot with the assistance of two persons from the ambulance's stretcher. It indicated he reported chronic shortness of breath with lying flat and with exertion, had no supplemental oxygen and respirations were regular and unlabored, and both lower lobes of his lungs had diminished breath sounds. He had edema (swelling) of the left lower extremity, but not the right. It did not describe the edema in terms of severity of the amount or type of edema. The vital signs portion of the assessment indicated the resident did have supplemental oxygen at 5 liters with his oxygen saturation at 94% (normal range). An assessment, dated 4-29-16 at 2:10 a.m., indicated the resident was assessed to have shortness of breath with exertion, had diminished lungs sounds throughout both lungs, used supplemental oxygen and had bilateral lower extremity edema. The vital signs portion of the assessment indicated the resident did have supplemental oxygen at 2 liters with his oxygen saturation at 91% (normal range). An assessment, dated 4-29-16 at 1:53		will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.	

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	p.m., indicated the resident was assessed to have no shortness of breath with exertion, but regular and nonlabored breathing, had diminished lungs sounds of the lower lobes of both lungs, did not use supplemental oxygen and had bilateral lower extremity edema. The vital signs portion of the assessment indicated the resident did not have supplemental oxygen with his oxygen saturation at 92% (normal range). An assessment, dated 4-29-16 at 10:26 p.m., indicated the resident was assessed to have shortness of breath with exertion, had diminished lungs sounds throughout both lungs, used supplemental oxygen and had bilateral lower extremity pitting edema. The vital signs portion of the assessment indicated the resident did have supplemental oxygen at 5 liters with his oxygen saturation at 92% (normal range). An assessment, dated 4-30-16 at 4:41 a.m., indicated the resident was assessed to have shortness of breath with exertion, had diminished lungs sounds throughout both lungs, used supplemental oxygen at 5 liters and had bilateral lower extremity edema. The vital signs portion of the assessment indicated the resident did have supplemental oxygen at 5 liters with his oxygen saturation at 92% (normal			

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	range). An assessment, dated 4-30-16 at 4:48 a.m., 7 minutes later than the previous assessment, indicated the resident was assessed to have clear lungs bilaterally with regular, unlabored breathing, did not use supplemental oxygen at 5 liters and had no edema. The vital signs portion of the assessment indicated the resident did have supplemental oxygen at 5 liters with his oxygen saturation at 92% (normal range). In an interview with the Corporate Nurse on 7-7-16 at 11:25 a.m., she indicated it looks like there were two assessments for Resident #B that were opened up for him close to the same time on 4-30-16, one at 4:41 a.m., and the other at 4:48 a.m. "There are some discrepancies with the assessment in that the 4:41 [a.m.] one says his lungs are diminished and has bilateral lower leg edema, but doesn't describe it and the 4:48 [a.m.] one says his lungs are clear and has no edema." An assessment, dated 4-30-16 at 10:50 a.m., indicated the resident was assessed to have labored breathing with use of accessory muscles, had diminished lungs sounds the bilateral lower lobes, but the bilateral upper lobes were clear, used supplemental oxygen at 3 liters and had			

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	bilateral lower extremity pitting edema, as well as scrotal edema. The vital signs portion of the assessment indicated the resident did have supplemental oxygen at 3 liters with his oxygen saturation at 96% (normal range). A nursing progress note, dated 4-30-16 at 9:14 p.m., indicated the resident was very lethargic, responding to his name being called and falling back to sleep, eyes reddened and oxygen saturation at 74% (very low) on 2 liters of supplemental oxygen. The physician was notified and ordered for the resident to be sent to a local emergency room for evaluation and treatment. In a confidential interview with licensed nurse #1 on 7-7-16, she indicated she thought she may have been the admitting nurse for Resident #B. She recalled he had oxygen and had bilateral edema, but could not recall much about the edema, other than he had pitting edema of his lower legs. In a confidential interview with licensed nurse #2 on 7-6-16, who worked with Resident #B during his stay, she recalled this resident was admitted on supplemental oxygen and had edema of the lower legs.			

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	2. Resident #A's clinical record was reviewed on 7-6-16 at 10:14 a.m. Her diagnoses included, but were not limited to, bilateral knee joint replacement on 5-10-16. Her admission nursing assessment, dated 5-13-16 at 3:00 p.m., indicated she was alert and oriented to person, place, time and situation. It indicated there was skin impairment, with additional information located on a "Wound Circumstance" document that was not located in the clinical record. In review of subsequent assessments on 5-14-16 at 12:42 a.m., it indicated Resident #A did not have a surgical incision. Assessments conducted on 5-14-16 at 11:47 a.m., 5-15-16 at 12:31 a.m., 5-15-16 at 2:08 p.m., and 5-16-16 at 4:16 a.m., indicated Resident #A did have an "incision with the staples/sutures/steri-strips intact." In an interview with the Corporate Nurse on 7-7-16 at 11:25 a.m., she indicated, "I would have expected someone with bilateral knee surgery to have had some type of incision. It may have been documented on a paper form, and not be in the electronic record. I will check on that and get back to you about it." As of the exit of the investigation on 7-7-16 at 4:50 p.m., no additional information was provided in regard to the "Wound			

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	Circumstance." In an interview on 7-7-16 at 4:17 p.m., with the Corporate Nurse, she indicated, the facility does not have a specific policy or procedure for accuracy of assessments, as "essentially that is self-explanatory." On 7-7-16 at 4:17 p.m., the Corporate Nurse provided a policy entitled, "Clinical Documentation Systems." This policy was undated, but indicated to be the current policy in use by the facility. This policy indicated, "[Name of corporation]'s interdisciplinary team will plan care and treatment to ensure appropriateness of services to meet the residents' needs, and address the severity of conditions, impairment, disability or disease. [Name of corporation] will document assessment and provision of services through a variety of forms and services. System reports will be utilized to evaluate the care services provided and identify treatment needs...Staff will document their service delivery and assessment of mental of [sic] physical functioning...ongoing assessments will be conducted daily for skilled residents, as needed for change in condition or other appropriate events, and at least monthly for non-skilled residents..."			

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	This Federal tag relates to Complaint IN00200623 and Complaint IN00203247. 3.1-31(a)			
F 0282 SS=D Bldg. 00	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on interview and record review, the facility failed to ensure all physician orders from the discharging facility were properly transferred and recorded into the resident's current clinical record for 1 of 3 residents reviewed for assessments in a sample of 4. (Resident #B) Findings include: Resident #B's clinical record was reviewed on 7-6-16 at 11:00 a.m. It indicated he was admitted to the facility on 4-28-16. His diagnoses included, but were not limited to acute and chronic respiratory failure, COPD (chronic obstructive pulmonary failure), atrial fibrillation, anemia and weakness. His discharge orders from the hospital, dated 4-28-16, indicated he was to use	F 0282	**Corrective actions accomplished for those residents found to be affected by the alleged deficient practice:** Resident B was discharged. **Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken**: All newly admitted residents have the potential to be affected. Director of Health Services (DHS) or designee will audit all new admissions for the last 7 days to ensure orders are accurate and complete. **Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:** DHS or designee will re-educate the nursing staff on the following	08/06/2016

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	supplemental oxygen at five liters per minutes via nasal cannula. The hospital discharge summary, dated 4-28-16, indicated he had a history of chronic respiratory problems, dating back for at least six years and had used supplemental oxygen in the home setting for an unspecified period. In review of Resident #B's medication and treatment orders for the duration of his stay at the facility, supplemental oxygen orders were not transcribed onto the Medication Administration Record or the Treatment Administration Record. In review of assessments, nursing progress notes and vital sign documentation, the amount of oxygen being provided to the resident varied as follows: -the admission nursing assessment, dated 4-28-16 at 10:18 p.m., indicated he reported chronic shortness of breath with lying flat and with exertion, had no supplemental oxygen and respirations were regular and unlabored, and both lower lobes of his lungs had diminished breath sounds. The vital signs portion of the assessment indicated the resident did have supplemental oxygen at 5 liters with his oxygen saturation at 94% (normal range). -an assessment, dated 4-29-16 at 2:10		guideline: "Guidelines for Medication Orders" policy, and the implementation of a second nurse double checking admitting orders to ensure accuracy. **How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:** The following audits and /or observations for newly admitted residents will be conducted by the DHS or designee 2 times per week for 8 weeks, then monthly for 4 months to ensure compliance: New admit orders will be reviewed Mon-Fri in clinical care meeting to provide a third check of the new admit orders. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.	

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	a.m., indicated the resident was assessed to have shortness of breath with exertion, had diminished lungs sounds throughout both lungs, used supplemental oxygen. The vital signs portion of the assessment indicated the resident did have supplemental oxygen at 2 liters with his oxygen saturation at 91% (normal range). -an assessment, dated 4-29-16 at 1:53 p.m., indicated the resident was assessed to have no shortness of breath with exertion, but regular and nonlabored breathing, had diminished lungs sounds of the lower lobes of both lungs, did not use supplemental oxygen. The vital signs portion of the assessment indicated the resident did not have supplemental oxygen with his oxygen saturation at 92% (normal range). -an assessment, dated 4-29-16 at 10:26 p.m., indicated the resident was assessed to have shortness of breath with exertion, had diminished lungs sounds throughout both lungs, used supplemental oxygen. The vital signs portion of the assessment indicated the resident did have supplemental oxygen at 5 liters with his oxygen saturation at 92% (normal range). -an assessment, dated 4-30-16 at 4:41 a.m., indicated the resident was assessed to have shortness of breath with exertion, had diminished lungs sounds throughout both lungs, used supplemental oxygen at 5 liters. The vital signs portion of the			

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	assessment indicated the resident did have supplemental oxygen at 5 liters with his oxygen saturation at 92% (normal range). -an assessment, dated 4-30-16 at 4:48 a.m., 7 minutes later than the previous assessment, indicated the resident was assessed to have clear lungs bilaterally with regular, unlabored breathing, did not use supplemental oxygen at 5 liters. The vital signs portion of the assessment indicated the resident did have supplemental oxygen at 5 liters with his oxygen saturation at 92% (normal range). an assessment, dated 4-30-16 at 10:50 a.m., indicated the resident was assessed to have labored breathing with use of accessory muscles, had diminished lungs sounds the bilateral lower lobes, but the bilateral upper lobes were clear, used supplemental oxygen at 3 liters. The vital signs portion of the assessment indicated the resident did have supplemental oxygen at 3 liters with his oxygen saturation at 96% (normal range). -a nursing progress note, dated 4-30-16 at 9:14 p.m., indicated the resident was very lethargic, responding to his name being called and falling back to sleep, eyes reddened and oxygen saturation at 74% (very low) on 2 liters of supplemental oxygen. The physician was notified and ordered for the resident to be sent to a local emergency room for evaluation and			

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	treatment. In a confidential interview with licensed nurse #1 on 7-7-16, she indicated she thought she may have been the admitting nurse for Resident #B. She recalled he had oxygen. In a confidential interview with licensed nurse #2 on 7-6-16, who worked with Resident #B during his stay, she recalled this resident was admitted on supplemental oxygen. In an interview with the Corporate Nurse on 7-7-16 at 11:25 a.m., she indicated it looks like there were two assessments for Resident #B that were opened up for him close to the same time on 4-30-16, one at 4:41 a.m., and the other at 4:48 a.m. "There are some discrepancies with the assessment in that the 4:41 [a.m.] one says his lungs are diminished...the 4:48 [a.m.] one says his lungs are clear..." The Corporate Nurse indicated it appeared the facility failed to transfer the oxygen orders from the discharge orders to their system for Resident #B. This Federal tag relates to Complaint IN00203247. 3.1-35(g)(2)			

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F 0353 SS=D Bldg. 00	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. 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: Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. 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. Based on interview and record review, the facility failed to ensure adequate staffing on the rehabilitation units of the facility, which in turn adversely affected the staff's ability to respond to call lights in a timely manner, resulting in delayed response for care and being upsetting to the residents for 3 of 4 residents reviewed for timely response to call lights in a sample of 4. (Residents #A, #B and #D) Findings include:	F 0353	**Corrective actions accomplished for those residents found to be affected by the alleged deficient practice:** Residents A, B, & D have been discharged. **Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken**: All residents have the potential to be affected. Director of Health Services (DHS) or designee will review staffing patterns for the last 7 days to ensure adequate	08/06/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155767	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 07/07/2016
NAME OF PROVIDER OR SUPPLIER SPRINGHURST HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE 628 N MERIDIAN RD GREENFIELD, IN 46140	

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	1. Resident #A's clinical record was reviewed on 7-6-16 at 10:14 a.m. Her diagnoses included, but were not limited to, bilateral knee joint replacement on 5-10-16. Her admission nursing assessment, dated 5-13-16 at 3:00 p.m., indicated she was alert and oriented to person, place, time and situation. It indicated she was ambulatory with the assistance of a walker and one person. In interview with a family member of Resident #A on 7-6-16 at 3:02 p.m. She indicated on Sunday, 5-15-16, there was only one staff person on duty that morning to assist the residents up and ready for the day. She indicated, "I think someone told me there were 19 patients on that hall and some of them were elderly and needed a lot of help So, as a result, no one got [Resident #A's] breakfast until really late. I talked to the Administrator on that Sunday about the significant problems with the staffing and how serious it was. Before long, all kinds of staff started showing up. The Administrator told me that they couldn ' t be in my daughter's room 24/7. I told him that was not what I was asking, just that [sic] enough staff to help all the residents, not just my family. The nurse on duty Sunday was trying to get help as best she could." The family member indicated on that Sunday, or the		staffing. **Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:** Executive Director (ED)/DHS or designee will educate nursing staff on Answering Call Lights. ED will review nursing PPD with nursing leadership. Campus has new ED and DHS who started at the campus after these resident concerns were voiced and have focused on hiring quality staff. 18 staff have been hired and trained in that timeframe (1 RN, 1 LPN, 13 CNAs, 2 RCAs). **How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:** The following audits and /or observations for 5 residents will be conducted by the DHS or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: Audit of resident interviews related to timely call light response will be conducted. Audit of adequate staffing will be conducted. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then	

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	following day on Monday, 5-16-16, " She [Resident #A] used her call light to [request assistance] go to bathroom. No one responded and she ended up calling me to help her to the bathroom. Took me 10 minutes to get there, and still no one showed up to help even after I got there. I took her out [discharged her] on Monday." She indicated the resident was in tears upon her arrival to the facility. The family member indicated, "Several staff members there told me to keep trying to get the staffing problems resolved, but the staffing problem had been going on for some time. They are all afraid to say anything, because it's their jobs on the line. The only reason I called, was that there are all kinds of other residents with all kinds of problems. The nurses were trying to do their jobs to the best of their abilities, but 19 patients for one staff person is too much and not safe. I blame it all on the management for not acknowledging the problems and fixing them. It's the patients that suffer." 2. In an interview on 7-6-16 at 1:26 p.m. with Resident # D, she indicated she had been in the facility for less than one month. She indicated she uses her call light occasionally, but it can take up to 20 minutes or more for staff to respond. Resident #D indicated she uses her call		randomly thereafter for further recommendation.	

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	light to request her pain pill. "When it takes a longtime for them to answer my call light, [the] pain can get kind of get out of hand." In review of Resident #D's clinical record on 7-7-16 at 1:30 p.m., it indicated she is cognitively intact. 3. In a written report of concerns related to Resident #B by a family member, it indicated Resident #B had reported to his family member he had "further hurt his back trying to get into bed by himself when no staff member would respond to help him," during the early morning hours of 4-29-16. The report indicated on 4-29-16, an unnamed staff nurse explained to her that "she was short-staffed." Another nurse indicated she would have to return after her shift ended in order to assist the resident with bathing. Resident #B's clinical record was reviewed on 7-6-16 at 11:00 a.m. It indicated he was admitted to the facility on 4-28-16. His diagnoses included, but were not limited to acute and chronic respiratory failure, COPD (chronic obstructive pulmonary failure), atrial fibrillation, anemia and weakness. Review of the admission nursing assessment, dated 4-28-16 at 10:18 p.m.,			

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	indicated he was alert and oriented to person, place, time and situation. It indicated he was able to stand and pivot with the assistance of two persons from the ambulance's stretcher. It indicated he reported chronic shortness of breath with lying flat and with exertion. In a confidential interview with licensed nurse #2 on 7-6-16, she indicated she has worked at the facility for more than a year and works various hours. She indicated, "Evening shift has been an issue, as far as not enough staff...Seems like we had a lot of staff quit with our previous management team...It ' s been challenging to get care done. I work very hard to get everything done. There have been times when I work a hall without an aide. I can ' t say that happens all the time, but weekends have been a real challenge, especially if there are any call-ins." In a confidential interview with licensed nurse #3 on 7-7-16, she indicated she had worked at the facility for over one year. She indicated, "We have had some staffing problems in the recent past...We have had several times where on these halls there would only be one nurse for 14 or so patients. To get help, you ' d have to request help from one of the other halls, even when we would have patients			

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	that required extensive assistance or essentially dependent or needed a 2-person assist...I feel like some of the patients are not getting their needs met in a timely fashion. I wouldn ' t say it is unsafe. It really forces the staff to prioritize who gets what done. There have been times that some residents have wanted to go to the bathroom that have needed a 2 person assist and they have had to wait for me to get a second person to help me and they have ended up being incontinent. It ' s awful to say, but I am not going to take the risk of that person falling and getting injured over them having an incontinent issue. It ' s not fair to that person." In an interview on 7-7-16 at 1:25 p.m. with the Executive Director and the Corporate Nurse, the Executive Director indicated on 5-15-16 around 10:00 a.m., a staff member informed the nurse, who then informed the previous Executive Director the family of Resident #A was upset about not having enough staffing on her family ' s hall. She explained that she had actually been in the building the following day and learned of the situation. The Corporate Nurse indicated during the current investigation, it was learned that on Sunday, 5-15-16, on the 400			

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	[rehabilitation] hall, the nurse was working without an aide. An aide was scheduled to come in at 11:00 a.m. So, since some of the staff were here to help with brunch, the Medical Records person went over to help out from 9 to 11 that morning. The Executive Director indicated around that time, late April to later in May, it was a high overtime usage time for nursing. For the time period of 5-16-16 to 5-21-16, the nursing department ' s overtime was 11.24%, which comes out to 148 hours or [about] 18 shifts worth of overtime. The Corporate Nurse indicated the facility has hired some new staff. "Since 4-6-16, we have hired 2 nurses, 2 RCA ' s, who are non-certified staff that can do things like make beds and pass ice water, and 11 CRTA ' s, or [same as] CNA ' s." In an interview with the Corporate Nurse on 7-7-16 at 4:17 p.m., she indicated, "We do not have a policy or procedure for staffing, we just follow the state and federal regulations." This Federal tag relates to Complaint IN00200623 and Complaint IN00203247. 3.1-17(a)			

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	3.1-17(b)			
F 0514 SS=D Bldg. 00	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. Based on interview and record review, the facility failed to ensure 2 of 3 residents reviewed for assessments had their meal intakes and bathing/hygiene care routinely recorded. (Residents #A and #B) Findings include: 1. Resident #A's clinical record was reviewed on 7-6-16 at 10:14 a.m. Her diagnoses included, but were not limited to, bilateral knee joint replacement on 5-10-16. Her admission nursing assessment, dated 5-13-16 at 3:00 p.m.,	F 0514	**Corrective actions accomplished for those residents found to be affected by the alleged deficient practice:** Residents A&B have been discharged. **Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken**: All residents have the potential to be affected. Director of Health Services (DHS) or designee will audit all residents for meal intakes and bathing/hygiene for the last 7 days to ensure they are	08/06/2016

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	indicated she was alert and oriented to person, place, time and situation. It indicated she required assistance of one person with transfers and ambulation, as needed, and used a walker with ambulation. It indicated staff needed to ensure supplies were available to perform ADL (activities of daily living) tasks. Review of Resident #A's "Point of Care ADL Category Report" indicated the resident was assisted with a partial bath on day shift of 5-14-16. Otherwise, documentation failed to indicate bathing occurred during 5-13-16 to 5-16-16. Review of Resident #A's meal intakes for admission to discharge, 5-13-16 to 5-16-16, indicated the only meal intake documented was for breakfast on 5-14-16. It failed to document breakfast intakes on 5-15-16 and 5-16-16, lunch intakes for 5-14-16, 5-15-16 and 5-16-16 and dinner intakes for 5-13-16, 5-14-16 and 5-15-16. 2. Resident #B's clinical record was reviewed on 7-6-16 at 11:00 a.m. His diagnoses included, but were not limited to acute and chronic respiratory failure, COPD (chronic obstructive pulmonary failure), atrial fibrillation, anemia and weakness. Review of the admission nursing assessment, dated 4-28-16 at		accurately recorded. **Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:** DHS or designee will educate certified nursing assistants on ADL documentation per the "ADL Documentation" policy. Campus installed a new Care Tracker system to assist in recording meal intakes and bathing/hygiene care in July. **How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:** The following audits and /or observations for 5 residents will be conducted by the DHS or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: Documentation compliance will be tracked and follow up with individuals lacking completion will occur. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.	

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	10:18 p.m., indicated he was alert and oriented to person, place, time and situation. It indicated he was able to stand and pivot with the assistance of two persons from the ambulance's stretcher. It indicated he reported chronic shortness of breath with lying flat and with exertion. It indicated he required the assistance of one to two persons for transfers, it did not indicate if the resident required assistance with ADL (activities of daily living) tasks, or required rest periods with activities of any type. Review of Resident #B's "Point of Care ADL Category Report," the bathing documentation, indicated the this activity did not occur during the time period of his admission to discharge of 4-28-16 to 4-30-16. Review of the meal intakes for the time period of his admission to discharge only documented the 4-28-16 and 4-29-16 dinner intake. It failed to document the meal intakes for breakfast and lunch on 4-29-16 and 4-30-16. On 7-7-16 at 4:17 p.m., the Corporate Nurse provided a policy entitled, "Clinical Documentation Systems." This policy was undated, but indicated to be the current policy in use by the facility. This policy indicated, "[Name of corporation]'s interdisciplinary team will plan care and treatment to ensure			

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	appropriateness of services to meet the residents' needs, and address the severity of conditions, impairment, disability or disease. [Name of corporation] will document assessment and provision of services through a variety of forms and services. System reports will be utilized to evaluate the care services provided and identify treatment needs...Staff will document their service delivery and assessment of mental of [sic] physical functioning...Service delivery of CRCA's, such as ADL services, meal and fluid intake and output, range of motion, restorative services and may include mood and behavior in the EHR (electronic health system);. There will be paper available if EHR is not working. The DHS [Director of Health Services] or designee will review the documentation or documentation reports to evaluate compliance with documentation requirements." This Federal tag relates to Complaint IN00203247. 3.1-50(a)(1) 3.1-50(a)(2)			