

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155115	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/08/2016
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NAME OF PROVIDER OR SUPPLIER CARDINAL NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1121 E LASALLE AVE SOUTH BEND, IN 46617
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 4, 5, 6, 7 and 8, 2016.</p> <p>Facility number: 000048 Provider number: 155115 AIM number: 100275330</p> <p>Census bed type: SNF/NF: 111 Total: 111</p> <p>Census payor type: Medicare: 7 Medicaid: 98 Other: 6 Total: 111</p> <p>Cardinal Nursing and Rehabilitation Center was found to be in compliance with 42 CFR Part 483, Subpart B in regard to the Recertification Survey. This deficiency reflects State findings in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed by 14454 on January 12, 2016.</p>	F 0000		
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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 9999 Bldg. 00	<p>3.1-14 PERSONNEL</p> <p>(q) Each facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following:</p> <p>(5) Professional licensure, certification, or registration number or dining assistant certification or letter of completion if applicable.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure 3 Certified Nursing Assistant's (CNA's) maintained an active license while working for 3 of 5 CNA employee files reviewed. (CNA #2, CNA #3, CNA #4)</p> <p>Finding includes:</p> <p>On 1-7-16 at 2:30 P.M., during review of employee files, 3 files indicated the license for that employee to be expired. The file for CNA #2 indicated his license had expired on 7-13-15 and he had worked a total of 70 times since that date. The file for CNA #3 indicated her license had expired on 8-16-15 and she had worked a total of 51 times since that date.</p>	F 9999	<p>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. Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after February 4, 2016.</p> <p>F9999- Final Observations/Personnel</p> <p>It is the practice of this provider to maintain current and accurate personnel records for all employees including professional licensure and certification.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>CNA #2, CNA #3 and CNA #4's personnel file has been reviewed and updated and now includes all necessary documents related to their employment including an active license.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>All employees have the potential</p>	02/04/2016
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	<p>The file for CNA #4 indicated her license had expired on 9-7-15 and she had worked a total of 60 times since that date.</p> <p>On 1-7-16 at 3:05 P.M., during an interview, the ED (Executive Director) indicated those CNA's had been working the floor and did not have a license.</p> <p>3.1-14(q)(5)</p>		<p>to be affected by this finding. An audit will be completed by ED/designee of all employee files. This audit will ensure that all employee personnel files contain the proper and appropriate documents per facility policy including an active professional license and/or certification. Any missing or incomplete items noted will be corrected immediately.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>The ED/designee will be responsible for in-servicing and re-educating each Department Head regarding the paperwork and documents required for each employee personnel file. This in-service will be conducted on or before 2/4/16. The ED/designee will be responsible for ensuring that all necessary and appropriate paperwork including an active professional license and/or certifications are obtained and filed in the personnel record per facility policy by using the Employee File Checklist.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>To ensure ongoing compliance with this corrective action, the</p>	

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			ED/designee will beresponsible for completion of the CQI Audit Tool titled, "Personnel andConfidential Employee File Checklist" weekly for 4 weeks and monthly for 6months. If threshold of 90% is not met,an action plan will be developed. Findings will be submitted to the CQI Committee for review and followup. By what date the systemic changeswill be completed: ComplianceDate = 2/4/15.		