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
	155671		05/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKWOOD HEALTH CAMPUS	1143 23RD ST TELL CITY, IN 47586

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F 0000 Bldg. 00	This visit was for the Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. Survey dates: May 17, 18, 19, 23, 24, and 25, 2016. Facility number: 002512 Provider number: 155671 AIM number: 200278690 Census bed type: SNF: 17 SNF/NF: 63 Residential: 22 Total: 102 Census payor type: Medicare: 17 Medicaid: 41 Other: 22 Total: 80 This deficiency also reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed by #02748 on May 31, 2016.	F 0000	This Plan of Correction for Survey Event ID WJHS11 is submitted under Federal and State regulations and statutes applicable to long term care providers. We request this 2567 Plan of Corrections serve as our credible allegation of 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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F 0323 SS=G Bldg. 00	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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. Based on interview, and record review, the facility failed to ensure a resident received adequate supervision to prevent falls for 1 of 2 residents reviewed for accidents. (Resident #123) This deficient practice resulted in Resident #123 experiencing a fractured left hip after experiencing 2 falls. Findings Include: During an interview on 5/23/16 at 8:25 A.M., with LPN #15 indicated, Resident #123 was out to the hospital due to an infection of his left hip surgical site. The clinical record for Resident #123 was reviewed on 5/23/16 at 9:51 A.M. The clinical record indicated Resident #123 had been discharged from the facility on 5/18/16 for an infection in his surgical site. The record indicated Resident #123 was originally admitted to the facility on 3/30/16 with diagnoses including but were not limited to, urinary tract infection, seizure disorder, mild intellectual disabilities. The record	F 0323	F 0323Resident #123 no longer resides at this campus. Completion Date June 20, 2016All 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. All residents plan of care for safety interventions are reviewed and updated if necessary. Completion Date June 20, 2016Nursing staff have been in serviced by DHS/ADHS concerning supervision to prevent accidents and location of safety care plans. Systemic change is profiles will include safety interventions. Completion Date June 20, 2016DHS/Designee will monitor 3 random residents at risk for accidents/incidents to assure safety interventions are in place and interventions are effective 5 x a week for a month, 3 x a week for a month, weekly	06/20/2016

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	indicated Resident #123 had been discharged from facility on 5/2/16 with a left hip fracture. The progress notes from 3/30/16 to 5/18/16 were reviewed and included, but were not limited to, the following: A nursing note dated 3/30/16 at 3:57 P.M., included, but was not limited to, "Res [Resident] admitted to room [number] from [local hospital] via facility van. accompanied by self. res has history of seizures and mild mental retardation. res able to voice needs, however is somewhat slow to respond and somewhat difficult to understand..." A social service note dated 4/13/16 at 4:57 P.M., included, but was not limited to, "Resident was interviewed...Resident alert, but oriented to person only. Resident has MMR [mild mental retardation] DX [diagnosis] and Bims [sic] [brief interview mental status score] 0 [severely cognitively impaired]. An untimed therapy note dated 4/13/16, included, "...Pt presented with good functional gains toward goals, however pt continues to demonstrate decreased safety awareness with impulsive behaviors and movements with transfers and mobility. Pt requires mod to max		with results forwarded to QA Committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments. Completion Date June 20, 2016	

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	cues to attn to task in order to benefit maximally from recommended there ex [exercises] and ax [activity]. Pt's cognitive deficits may prove as a barrier to achieve LTG's [long term goals]..." Fall #1: A nursing note dated 4/22/16 4:08 P.M., included, but was not limited to, "As staff outside of room heard loud bang and then call light initiated. Staff responded immediately. Upon entrance of room noted res fall to floor between toilet and wall. Resident denies any pain. Upon physical assessment, no injury noted. Abel to move all extremities without difficulty. Hand grasp within normal limits for resident. Assisted res back to W/C. Educated resident on importance of waiting for assistance. MD notified at this time, ADHS notified and n.o. [new order] to ensure non skid footwear is on before transfers and resident not to be left alone in bathroom. Communicated this to staff. Family phoned and aware." An IDT (interdisciplinary team) note 4/23/16 at 3:40 P.M., included, but was not limited to, "...Resident agrees with current safety plan of care . will continue to monitor. Resident also agrees staff to stay in bathroom with resident in attempt of preventing further falls..."			

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	Fall #2: A nursing note for 5/1/16 at 11:30 P.M.,was entered as a late entry on 5/2/16 at 1:11 A.M. The nursing note included, but was not limited to, "Resident found crawling across floor of his room. States "I am walking out of here" Explained to that it was dark out and has been raining. V/s obtained and resident denies pain or discomfort at this time. No injuries found at this time. Resident assisted into w/c with assist of 2 and brought out to dining room for cookies and coffee, then assisted to bed after snack." An untimed therapy noted dated 5/2/16, included, but was not limited to, "...pt demonstrated a decline of function on 5/2/16. He c/o [complained of pain to L [left] hip and was not able to perform LE [lower extremity] exercises properly. Pt required more assistance to ambulate and presented inability to bear weight to B [bilateral] LE. An IDT note dated 5/2/16 at 9:36 A.M., included, but was not limited to, "Reviewed current plan of care related to safety. Root cause: Resident attempted to ambulate without assist and slid from his bed. Intervention was to add scoop mattress to bed in an attempt to prevent him from sliding from bed..."			

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	A nursing note dated 5/2/16 at 6:26 P.M., included, but was not limited to, "While resident was being transferred to bed her [sic] began c/o [complaints of] pain to Left [sic] hip and pelvis. As he was being T/R [turned and repositioned] he stated that the pain was worse. MD notified and ordered received for xray [sic] of the left hip and pelvis. A nurses note dated 5/2/16 at 10:06 P.M., included but was not limited to, "[Name of Local hospital] EMT's [Emergency Medial Technician's] here and resident transferred to [Name of local hospital]..." An X ray report of Resident #123's left hip and pelvis dated 5/2/16 at 11:40 P.M. The report indicated Resident #123 experienced a impacted subcapital fracture of the left femoral neck. A nurses note dated 5/7/16 at 2:00 P.M., included, but was not limited to, "Resident arrived via [by] ambulance...Noted slight edema to bilateral feet. Has abductor pillow in place to prevent from crossing legs. To remain in place except for therapy and skin care..." A physicians note dated 5/9/16 at 4:32 P.M., included, but was not limited to, "See [name of local hospital] H &P for			

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	detail. Had fall at facility suffering femoral neck fracture on left..." A nursing note dated 5/13/16 at 2:08 P.M., included, but was not limited to, "res continues to yell out in pain. pain interventions have been ineffective. MD notified. new order to increase norco [a pain medication]...and obtain 2 view x ray of lumbar spine..." Fall #3: A nursing note dated 5/13/16 at 5:55 P.M., included, but was not limited to, "Resident found on floor by xray tech. no injuries noted. resident trying to transfer self from chair to bed. ADHS [Assistant Director of Health Services] notified plan to place pressure alarms on bed and wheel chair. MD [medical doctor] notified." Fall #4: A nursing note dated 5/13/16 at 6:15 P.M., included, but was not limited to, "resident found crawling on floor out of doorway of room. no injuries noted, assist of 2 to get up. restless. coffee offered which seems to settle him down, brief changed. pads placed at bedside, personal alarm placed on resident call light within reach, bed in low position."			

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	A note entered by the DON (Director of Nursing) dated 5/15/16 at 9:31 P.M., included, but was not limited to, "Resident continues with poor safety awareness. Root cause of event is resident attempted to get up unassisted without calling for assist. Is non compliant/forgetful with interventions in place. Ultimate goal is for resident to not have further falls; however if resident should fall the goal will be to avoid any further significant injuries secondary to falling. Resident currently has alarm to bed and wheelchair in attempt of alerting staff of [sic] resident attempting to ambulate by himself. Dycem is intact to wheelchair in attempt of preventing resident from slipping out of chair. It is unknown if resident attempted to ambulate by himself of slid from chair as he was unable to tell staff what he was doing prior to fall.. Bed will continue in lowest position with mats in place in attempt of preventing injury should he attempt to get up unassisted. He does have a scoop mattress in place..." The fall event reports for Resident #123 were provided by the DON on 5/23/16 at 2:00 P.M., they included, but were not limited to the following: Fall #1:			

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	On 4/22/16 at 4:25 P.M., "DESCRIPTION...unwitnessed fall...Location of fall...Residents Bathroom...What was resident doing just prior to fall?...Transferring self, toileting...Personal Inspection/Environmental...Improper or ill fitting footwear...Other contributing factors resident was attempting to transfer self as staff entered room to assist. Resident did not have nonskid footwear on at time of fall...Fall Risk Re-Assessment...Resident requires assistance to transfer...Resident requires assistance to ambulate safely with or without assistive device...Resident requires us of an assistive device and/or often forgets to use device...NEW INTERVENTIONS...Adaptive Equipment, describe - ensure non skid footwear in place before transfers...others, describe-Staff to remain in bathroom with res..." Fall #2: On 5/1/16 at 11:30 P.M., "DESCRIPTION...resident fall...Location of fall...Resident Room...What was resident doing just prior to fall?...Other, describe-crawled out of bed and across the floor...Personal Inspection/Environmental...Recent agitation or restlessness...Fall Risk Re-Assessment...Resident requires			

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	assistance to transfer...resident requires assistance to ambulate safely with out without assistive device...Resident requires us of an assistive device and/or often forgets to use device...Neurological disorder...Other, describe-DX: mild mental retardation...NEW INTERVENTION...Defined parameter mattress..." Fall #3: On 5/13/16 at 11:40 P.M., "DESCRIPTION...fall...Location of Fall...Resident Room...What was resident doing just prior to fall?...Transferring self...Personal Inspection/Environmental...Recent agitation or restlessness...List who witnessed fall/incident xray tech notified nurse that resident had crawled out of bed and was laying on the floor...Fall Risk Re-Assessment...Resident has cognitive or memory impairment that effects safety and judgement...Resident has difficulty understating and following directions...Resident requires assistance to transfer...Resident refuses to comply with safety measures such as call light use, alarms, appliances...NEW INTERVENTIONS...Bed in lowest position...Bed alarm pressure pad...wheelchair alarm pressure pad...dycem to w/c [wheel chair]..."			

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	Fall #4: On 5/13/16 at 11:52 P.M., "DESCRIPTION...found crawling out of room...Location of fall...Resident Room...What was resident doing just prior to fall...Other, describe-unknown if he crawled out of bed... Personal inspection/Environmental...Recent agitation or restlessness...Fall Risk Re-Assessment...Resident has cognitive or memory impairment that effects safety and judgement...Resident has difficulty understanding and following directions...Resident requires assistance to transfer...Resident requires assistance to ambulate safely with our without assistive device...Resident refuses to comply with safety measures such as call light use, alarms, appliances...NEW INTERVENTIONS...Bed in lowest position...Bed Alarm, describe-pressure pad...Wheelchair alarm, type-pressure pad...Personal Alarm-type-in bed and chair...Mat next to bed..." The care plans included,but were not limited to the following : A care plan for poor decision making related to a diagnoses of mild intellectual disabilities initiated 4/6/16 included "...I lack education and decision making skills needed to make good sound			

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	decisions...Always give me praise when I make an appropriate decision...Please provide me with the proper cues and supervision for use of my call light when needing, get out of bed...Please provide calmness if I show signs of distress during the decision making process..." A care plan for impaired functional mobility initiated 4/7/16 included, "...Assist me as needed with dressing, assist me with personal hygiene as needed...I am presently non-ambulatory, require assist of 1 staff for my transfers..." A care plan for fall risk initiated 4/7/16 included, "assist me with one for transfers. I am presently non-ambulatory..check and change every 2 hours. assist as needed with toileting needs...I am receiving therapy as indicated by my md...I would benefit from a clutter free environment...make sure my call light is in reach at all times... [initiated 4/7/16]...non skid footwear in place with transfers...staff to stay in bathroom with resident [initiated 4/25/16]....I utilize a scoop mattress [initiated 5/2/16]...I have dycem to my wc [wheel chair]...I have a pressure alarm to my bed and wc...I have a low bed with mats [initiated 5/16/16]..."			

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	A care plan for difficulty with communication initiated 4/6/16 included, but was not limited to, ...I have difficulty making myself understood...Always remind me to speak slowly and clearly...Ask me to repeat slurred, mumbled words...Provide me with a quiet, non-hurried environment, free of background noise and distractions...Repeat what I tell you if there is a need to validate..." A care plan for difficulty understanding others initiated 4/6/16 included, but was not limited to, "...Always repeat phrases as needed and rephrase if necessary...Make sure that you obtain my attention before speaking to me [initiated 4/6/16]..." An MDS (Minimum Data Set) assessment dated 4/6/16 indicated Resident #123 had a BIMS (Brief Interview Mental Status) score 00 indicating he was severely cognitively impaired. The MDS also indicated Resident #123 experienced inattention and disorganized thinking. The MDS indicated Resident #123 required extensive assistance of 2 for transfers and bed mobility, and extensive assistance of 1 for toileting and dressing. During an interview on 5/23/16 at 2:20			

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	P.M., with the Director of Nursing (DON) she indicated, Resident was admitted on 3/30/16 with a seizure disorder, weakness, Mild Intellectual Disability and was cognitively impaired. She indicated at entrance Resident #123 required use of a wheel chair and walker. and was assessed to be at risk to experience a fall. The DON indicated a care plan for falls was initiated on 4/7/16 with interventions including, but not limited to, assist me with one for transfers. I am presently non-ambulatory. Fall #1: The DON indicated Resident #123 had experienced fall #1 on 4/22/16 at 4:26 P.M. She indicated Fall #1 was an unwitnessed fall in the restroom of Resident #123's room. She indicated a CNA had assisted Resident #123 to the restroom and left so he could have privacy. She indicated Resident #123 had attempted to get up and fell while the CNA was not in the restroom. She indicated Resident #123 experienced no injuries and the immediate intervention was for staff to stay in the restroom with the resident and for him to wear gripper socks when he was up. Fall #3:			

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	The DON indicated Fall #2 had occurred on 5/1/16. She indicated the fall was unwitnessed and Resident #123 was found crawling on the floor in his room. She indicated the immediate intervention was to add a scoop mattress to prevent him from falling sliding off of the bed. She indicated, at the time, of the assessment after the fall Resident #123 showed no signs of an injury. The DON further indicated on 5/2/16 around 6:26 P.M., Resident #123 began to voice complaints of hip pain and an x ray was obtained showing a fractured left hip. She indicated the fractured hip was a result of the fall on 5/1/16. Fall #3: The DON indicated following readmission to the facility Resident #123 experienced a fall on 5/13/16 at 11:40 P.M. She indicated Resident #123 was found on floor by an x ray technician that had come to take an x ray his back. The DON indicated prior to the fall Resident #123 had been sitting up in his wheel chair and attempted to transfer himself to bed. She further indicated the immediate intervention was to place Dycem [an anti slip surface] to his wheel chair to prevent him from slipping and for Resident #123 to have a clip alarm placed when he is up in his wheel chair.			

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	Fall #4: The DON indicated Fall #4 occurred on 5/13/16 at 11:52 P.M., She indicated Resident #123 was found crawling on the floor in his room. The DON indicated Resident #123 had no injuries and the immediate interventions added was to place a pressure alarm to his bed, wheel chair, place his bed in the lowest position and place mats to both sides of Resident #123's bed. A policy titled "FALLS MANAGEMENT PROGRAM GUIDELINES" dated 6/2015 was provided by the DON on 5/25/16 ay 9:20 A.M. The policy included, but was not limited to, "[Name of Company] strives to maintain a hazard free environment, mitigate fall risk factors and implement preventive measures...A fall is considered to be: 'an unintentionally coming to rest on the ground, floor, or other lower level...An episode where a resident lost his/her balance and would have fallen....is considered a fall...A fall without injury is still a fall....Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have occurred...The fall risk assessment is included as part of the Admission and Monthly Nursing Assessment...Identified risk factors should be evaluated for contributions			

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	155671		05/25/2016

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	they may have...Care plan interventions should be implemented that address the resident's risk factors...Should the resident experience a significant change in condition affecting a resident's resident's [sic] functional status the monthly nursing assessment shall be completed again at that time..." 3.1-45(a)(2)			
F 9999 Bldg. 00	Administration and management: 3.1-13(w) In facilities that are required under IC 12-10-5.5 to submit an Alzheimer's and dementia special care unit disclosure form, the facility must designate a director for the Alzheimer's and dementia special care unit. The director shall have an earned degree from an educational institution in a health care, mental health, or social service profession or be a licensed health facility administrator. The director shall have a minimum of one (1) year work experience with dementia or Alzheimer's residents, or both, within the past five (5) years. Persons serving as a director for an existing Alzheimer's and dementia special care unit at the time of adoption of this rule are exempt from the degree	F 9999	F9999Resident #22, 23, 47, 92 and 94 suffered no ill effects from the alleged deficiency. Completion Date June 20, 2016All Legacy Lane residents have the potential to be affected by the alleged deficient practice. Through alterations in process and in service of standards for the annual facility Dementia Disclosure to be presented upon admission. Completion Date June 20, 2016The ED/SS/CSR/GR and BOM have been in service on admission paperwork and annual report requirements. Systemic change is DVP will verify annual Dementia Disclosure is submitted annually to state and ED will verify will all new admissions Dementia Disclosure has been	06/20/2016

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	and experience requirements. The director shall have a minimum of twelve (12) hours of dementia- specific training within three (3) months of initial employment as the director of the Alzheimer's and dementia special care unit and six (6) hours annually thereafter to: (1) meet the needs or preferences, or both of cognitively impaired residents; and (2) gain understanding of the current standards of care for residents with dementia." This State Rule was not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the annual facility Dementia Disclosure documentation of 2015 was submitted to the state agency . The facility also failed to provide Dementia Disclosure documentation upon admission to the facility to family representatives of 5 of 7 residents who had been admitted to the facility's Alzheimer/ dementia unit the past year. (Resident #22, Resident #23, Resident #47, Resident #92, Resident #94) Findings include: On 5/17/16 at 9:18 A.M. during initial		presented to responsible party with new admissions. Completion Date June 20, 2016ED or designee will complete audit of new admission in Daily Stand up to assure disclosure was presented 5 x a week for 1 month, then 3 x a week for a month, then weekly with results forwarded to QA Committee monthly x six months, and quarterly thereafter for review and further suggestions. Completion Date June 20, 2016	

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	tour of the facility, the 400 unit was observed to be a locked/dementia unit.. On 5/25/16 at 9:22 A.M., the facility admission census documentation indicated 13 residents resided on the 400 unit/dementia unit. On 5/25/16 at 10:56 A.M., the Healthcare Facility Administrator HFA) of the facility provided the state form 48896 entitled "Alzheimer's /Dementia Special Care Unit" the date recorded on the first page of the report was 12/1/13. The HFA, at that time, indicated the 2013 date was incorrect and that the back page date of the documentation dated 12/31/14 was the correct date. The HFA indicated the 48896 form dated 12/31/14 had been faxed from the Division of Aging today and was the last facility Dementia Disclosure documentation completed and submitted by the facility. He indicated the form routinely had been submitted at the end of each year in December. The Administrator indicated he was unable to provide facility Dementia Disclosure documentation for 2015. On 5/25/16 at 11:51 A.M., facility staff CSR (Customer Service Representative) was interviewed regarding the admission process of the facility. The CSR			

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	indicated she had worked at the facility a few years and she provided admission education to residents and families during the admission to the facility. She indicated she reviewed the facility admission packet with residents, families and healthcare representatives including the secured dementia unit, when residents were admitted to the facility. During review of a facility admission packet at that time, with the CSR, documentation was lacking of the 48896 state Dementia Disclosure form. The CSR indicated she was not aware of the 48896 state form and had not provided information during the admission of residents on the secured Alzheimer's unit. On 5/25/16 at 1:20 P.M., the HFA was made aware the CSR had not been providing the Dementia Disclosure information to healthcare representatives of residents admitted to the Alzheimer's unit of the facility. The HFA indicated he had not been aware the Dementia Disclosure information needed to be provided to healthcare representatives of residents admitted to the secured unit of the facility. On 5/25/16 at 1:41 P.M., the facility provided a list of residents residing on the dementia unit and the admission dates of these residents. The list included, but			

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	was not limited to, Resident #23 (7/2/15), Resident #94 (10/13/15), Resident #22 (8/21/15), Resident #47 (8/21/15), and Resident #92 (2/22/16). On 5/25/16 at 2:15 P.M., the HFA indicated he was unable to provide a facility policy in regard to Dementia Disclosure.			
R 0000 Bldg. 00	This visit was for the State Residential Licensure Survey. Residential Census: 22 Sample: 7	R 0000	This Plan of Correction for Survey Event ID WJHS11 is submitted under Federal and State regulations and statutes applicable to long term care providers. We request this 2567 Plan of Corrections serve as our credible allegation of compliance.	
R 0117 Bldg. 00	410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of			

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	medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on interview and record review, the facility failed to ensure at least one staff member certified in First Aid was on duty at all times for 19 of 21 shifts reviewed from 5/17/16 through 5/23/16. This had the potential to affect 22 residents who currently resided in the facility. Findings include: The Nursing Assignment Sheets from 5/17/16 through 5/23/16 were reviewed and the following was noted: 5/17/16: No First Aid certified staff were on duty for Day or Night shift. 5/18/16: No First Aid certified staff were on duty for Day, Evening, or Night shift. 5/19/16: No First Aid certified staff were on duty for Day, Evening, or Night shift.	R 0117	R 0117No residents suffered ill effects from the alleged deficient practice. Completion Date June 20, 2016All other residents have the potential to be affected by the deficient practice and through alterations in process and in servicing will ensure an employee is certified with first aid at all times in the campus. Completion Date June 20, 2016First Aid Certification classes have been held at the campus. Systemic change is on the daily work assignment. A heart is placed on work assignment sheet next to name of employee who is first aid/CPR certified. Co mpletion Date June 20, 2016ED/designee will review the daily work assignment sheet to assure assignment sheet shows identification of first aid/CPR certified employee in the campus 5 x a week for a month, 3 x a week for a month, then weekly with results forwarded to QA	06/20/2016

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	5/20/16: No First Aid certified staff were on duty for Day, Evening, or Night shift. 5/21/16: No First Aid certified staff were on duty for Day, Evening, or Night shift. 5/22/16: No First Aid certified staff were on duty for Day or Night shift. 5/23/16: No First Aid certified staff were on duty for Day, Evening, or Night shift. During an interview on 5/25/16 at 9:00 A.M., the DON (Director of Nursing) indicated no policy could be provided to related to First Aid certification. The DON further indicated, she had not been aware staff required First Aid certification, but training would be scheduled immediately.		Committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments. Completion Date June 20, 2016	
R 0144 Bldg. 00	410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents. Based on observation, interview, and record review, the facility failed to ensure non-skid strips were secured to the shower floor for 1 of 1 resident who met the criteria for review of a fall in the shower. (R #12)	R 0144	R 0144Resident #12 non skid strips are in place and secure. Completion Date June 20, 2016All other residents are at risk to be affected by alleged deficiency and through alterations and processes and in servicing	06/20/2016

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	Findings include: The clinical record of R #12 was reviewed on 5/25/16 at 10:15 A.M. The record indicated the diagnoses of R #12 included, but were not limited to, falls, dementia, debility, unsteady gait, and spinal stenosis-lumbar region. The Service Plan dated 3/9/16 indicated R #12 had a history of falls, experienced mild cognitive impairment, and required physical assistance of staff for bathing and mobility. A Nursing Event note dated 5/5/16 at 8:09 A.M. indicated, "CNA called nurse into the room states [sic] after shower client was lowerered [sic] to the floor. Per CNA 'I completed shower and went to transfer client back to wheelchair. During transfer client [sic] feet started to slide'...she assisted client to the floor...Noted clients [sic] non skid strip to shower floor no longer adhering properly. Maintenance [sic] notified of the need for new skid strip to shower floor and in front of shower. CNA educated to place wheelchair closer to client and lock wheels on wheelchair during transfers from shower." On 5/25/16 at 1:30 P.M., R #12 was observed lying in bed in no apparent distress. At that time, non-skid strips were observed to be securely affixed to the shower and bathroom floor. During an interview on 5/25/16 at 1:40 P.M.		the campus will ensure that the resident's environment remains as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents. All residents floors with order for non skid strips have been checked to assure strips are firmly placed. Completion Date June 20, 2016Nursing staff have been in serviced by DHS/ADHS concerning supervision to prevent accidents, location of safety care plans, and importance of making sure interventions are in place and functioning.Systemic change is that an order has been written to monitor non skid strips to assure they are firmly attached. Completion Date June 20, 2016DHS/Designee will monitor three random residents at risk for accidents/incidents to assure safety interventions are in place and interventions are effective 5 x a week for a month, 3 x a week for a month, weekly with results forwarded to QA Committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments. Completion Date June 20, 2016	

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	the HFA (Health Facilities Administrator) indicated, the bathroom of R #12 was inspected daily during Housekeeping rounds and no documentation could be provided to indicated the non-skid strips on the bathroom floor were in disrepair on 5/4/16 or 5/5/16. The HFA further indicated, at that time, no specific policy could be provided, but it was the usual practice of the facility to have non-skid strips securely affixed to the floor.			