

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/29/2015
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NAME OF PROVIDER OR SUPPLIER ROSEBUD VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00181691, Complaint IN00181746 and Complaint IN00183182.</p> <p>Complaint IN00181691 -- Substantiated. Federal/State deficiencies related to the allegations are cited at F312 and F353.</p> <p>Complaint IN00181746 -- Substantiated. Federal/State deficiencies related to the allegations are cited at F312, F333, F353 and F514.</p> <p>Complaint IN00183182 -- Unsubstantiated due to lack of lack of evidence.</p> <p>Survey dates: September 25, 27, 28 and 29, 2015</p> <p>Facility number: 000135 Provider number: 155230 AIM number: 100266820</p> <p>Census bed type: SNF: 9 SNF/NF: 83 Total: 92</p> <p>Census payor type:</p>	F 0000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of 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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F 0312 SS=D Bldg. 00	<p>Medicare: 19 Medicaid: 52 Other: 21 Total: 92</p> <p>Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1..</p> <p>Quality review completed by 30576 on October 7, 2015</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on interview and record review, the facility failed to provide oral care for 2 of 3 residents reviewed for assistance with personal hygiene in a sample of 6. (Residents #B and #D)</p> <p>Findings include:</p> <p>A. Resident #B's clinical record was</p>	F 0312	<p>F312</p> <p>1.Resident B expired on 9/2/15. Resident D is being provided oral care BID, and upon request.</p> <p>2.In an effort to identify all applicable residents, all current dependent residents have been reviewed with no additional findings. All dependent residents are receiving oral care BID and</p>	10/28/2015

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	<p>reviewed on 9-25-15 at 3:00 p.m. His diagnoses included, but were not limited to, salivary gland cancer with metastasis (spread) to brain and bone. His admission Minimum Data Set (MDS) assessment, dated 8-21-15, indicated he required extensive assistance of one person with personal hygiene, including oral hygiene. Review of the clinical record indicated the resident received hospice services and declined rapidly and passed away on 9-2-15.</p> <p>In an interview with a family member on 9-28-15 at 10:44 a.m., she indicated the resident would be left with dried food in and on his mouth. She indicated to the best of her knowledge, he was not offered a mouth swab to ease the dryness in his mouth. She indicated a family friend would assist him with brushing his teeth when he visited.</p> <p>B. Resident #D's clinical record was reviewed on 9-25-15 at 2:45 p.m. His diagnoses included, but were not limited to, quadriplegia. His most recent Minimum Data Set (MDS) assessment, dated 9-9-15, indicated he required extensive assistance of one person with personal hygiene, including oral hygiene.</p> <p>In an interview with Resident #D on 9-25-15 at 10:50 a.m., he indicated oral</p>		<p>upon request. New documentation software has been configured to allow triggering of am/pm care for staff and ease of documentation.</p> <p>3.As a means to ensure ongoing compliance with am/pm care for dependent residents, new documentation software has been configured to allow triggering of am/pm care for staff documentation. Staff will also notify immediate supervisor if they are unable to provide personal and oral hygiene or any part of am/pm care. Staff will be in-serviced on 10/27/15. (see attachment A)</p> <p>4.As a means of quality assurance, the DNS and/or her designee will review the am/pmcare reports (see attachment B) daily for 4 weeks, then weekly for 3 months, then monthly for 6 months, and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of the audit will be reviewed in the monthly CQI meeting. If the threshold of 95% is not achieved an action plan will be developed to assure compliance. C ompletionDate: 10/28/15</p>		

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	<p>care is only provided when he requests it.</p> <p>In a confidential interview with Staff Member #2, it was indicated the staff member is not able to get routine care, such as oral care completed, as this is related to inadequate staffing. The staff member declined to provide resident's names, but indicated this applied to at least several residents each week.</p> <p>In an interview with the Executive Director (ED) on 9-29-15 at 9:15 a.m., he indicated he had spoken with someone in the corporate computer department regarding documentation for oral hygiene conducted by staff. He indicated that person said since that is considered part of routine morning and evening care, it is not identified in a special manner. He did say that it can be extrapolated, but requires several extra steps for each individual resident to have this documented. The ED indicated he would assume if one has residents or families saying that care is not being done and staff members saying they are not able to get it done, then one could assume that is the case, no matter what the documentation may say.</p> <p>On 9-29-15 at 4:45 p.m., the ED provided a copy of a policy entitled, "Nursing." This policy had a review date</p>			

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F 0333 SS=E Bldg. 00	<p>of 2/2012 and was indicated to be the current policy utilized by the facility. This policy's purpose was indicated to be, "To ensure that resident(s) care is provide [sic] in a safe and sanitary manner to prevent the spread of infection." It indicated, "Provide or assist in oral care at least 2 times per day or as needed."</p> <p>This Federal tag relates to Complaint IN00181691 and Complaint IN00181746.</p> <p>3.1-38(b)(1)</p> <p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors. Based on interview, the facility failed to ensure the 8:00 a.m., medication pass was routinely administered within the one hour window before and after the scheduled time for the 55 residents of C hall and D hall.</p> <p>Findings include:</p> <p>In an interview with LPN #4 on 9-28-15 at 9:20 a.m., she indicated she had not worked on the C or D hall for some time.</p>	F 0333	<p>F333</p> <p>1.No residents were negatively affected.</p> <p>2.Allresidents on C and D hall have the potential to be affected.</p> <p>3.In an effort to ensure ongoing compliance, all staffing patterns have been reviewed and revised. A QMA has been added to the schedule and is assisting C and D halls with medication passes. Nursing staff will be in-serviced (see attachment A) on 10/27/15 regarding time management for medication pass. Training will be</p>	10/28/2015

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	<p>"When I worked the floor, was mostly C hall. It routinely would take me 2 to 3 hours, depending upon what interruptions I would encounter [for the 8:00 a.m., medication pass]. Passing meds is not as simple as getting the meds together and handing it over. There are assessments and/or vital signs and always things like questions and phone calls to deal with. It really takes a lot of organization to get it done well." She indicated typically one nurse is assigned to C hall and one nurse to D hall. She indicated that nurse is responsible for all care, including medication passes for each of the assigned halls.</p> <p>In an interview with LPN #5 on 9-28-15 at 9:35 a.m., she indicated for the C and/or D halls, "I usually start around 6:30 a.m. and [the 8:00 a.m. medication pass is] completed by 10:30 a.m.</p> <p>In an interview with LPN #7 on 9-28-15 at 9:45 a.m., she indicated for the C and/or D 8:00 a.m. medication pass, "Can take up to 3 hours on a good day or up to 3.5 hours on a busier day."</p> <p>On 9-29-15 at 4:45 p.m., the Executive Director (ED) provided a copy of a policy entitled, "Med Pass General Guidelines." This policy had a revision date of 2/2014, and was indicated to be the current policy</p>		<p>added ongoing for orientation of all new nursing staff. Nurse will notify immediate supervisor if they are unable to complete medication pass 30 minutes prior to scheduled completion time.</p> <p>4.As a means of quality assurance, the DNS and/or designee will monitor the start and end times of medication passes daily for 90 days. (see attachment C) then monthly for 6 months, and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of the audit will be reviewed in the monthly CQI meeting. If the threshold of 95% is not achieved an action plan will be developed to assure compliance.</p> <p>Completed 10/28/15</p>		

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	<p>utilized by the facility. This policy indicated, "Medications can be administered within a two hour time frame (one hour before to one hour after the time prescribed) with the exception of: Medications that are scheduled to be administered a given number of minutes before meals (ac) or after meals (pc), (ex: give 15 minutes ac); Medications scheduled at bedtime; or Pre-op medications that are scheduled at a precise time; Administering medications too early or too late is considered a medication error and must be followed by an incident report per facility policy.</p> <p>On 9-25-15, the ED provided a copy of the facility's medication administration times policy. This policy was dated 5-26-15 and indicated to be the current policy in effective for the facility. It indicated, "<u>EFFECTIVE IMMEDIATELY</u>: When writing new orders, abide by the following medication administration guidelines per state regulations-</p> <p><u>QD</u> - 0800 am (unless otherwise specified or is typical 0600 am (ie Synthroid or 1600 pm (ie: Coumadin, HS (2000 pm) med. EXCEPTION: medication ending in "tidine" (typical heartburn meds) are to be given at 1600 (4p) if written as QD and 0600/1600 (6a/4p) if written as BID.</p>			

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F 0353 SS=E Bldg. 00	<p><u>BID</u> - administer at 0800/2000 (8a/8p) <u>TID</u> - administer at 0800/1400/2000 (8a/2p/8p) <u>QID</u> - administer at 0200/0800/1400/2000 (2a/8a/2p/8p) <u>Q 2 hour</u> - give on even hours 0200/0400/0600/0800/1000 (2a/4a/6a/8a/10a)...etc... <u>Q 4 hour</u> - administration times are to be 0400/0800/1200/1600/2000/2400 (4a/8a/12p/4p/8p/12a)"</p> <p>On 9-25-15, the ED provided a current resident listing which indicated the C hall had 27 residents and the D hall had 28 residents, for a total of 55 residents for those two halls, out of total census of 92.</p> <p>This Federal tag relates to Complaint IN00181746.</p> <p>3.1-48(c)(2)</p> <p>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</p>			

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	<p>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 adequate staffing in order to meet the care needs of the facility's long term care residents of C and D halls. This deficient practice has the potential to adversely affect the health and well being of all 55 residents, as of 9-25-15, of those two halls of the facility's total of four resident care halls for a total census of 92.</p> <p>Findings include:</p> <p>In a confidential interview with Staff #1, the staff member indicated the staff work a lot of time very short-handed. The staff member indicated there is not enough staffing to meet the needs of the residents. "All of our nurses and CNA's just work so hard." Some of our</p>	F 0353	<p>F353</p> <p>1.No residents were negatively affected.</p> <p>2.All residents have the potential to be affected.</p> <p>3.In an effort to ensure ongoing compliance, all staffing patterns and budgets have been reviewed and revised. Staffing patterns have been reviewed with scheduler to best meet the resident needs and will staff accordingly. A QMA has been added to the schedule and is assisting C and D halls with medication passes. All nursing staff will be in-serviced (see attachment A) on 10/27/15 regarding time management. Nurse management staff will continue to fill in as needed.</p> <p>4.As a means of quality assurance, the DNS and/or designee will review daily staffing sheets (see attachment D) daily</p>	10/28/2015

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	<p>residents require much more time than other residents to provide their care and to allow them to ask questions, as well as to talk and interact with them. The staff member indicated, "[I] do not feel like I ever get all of my treatments done on time. I'm normally here past the end of the shift to finish up treatments and charting."</p> <p>In a confidential interview with Staff Member #2, the staff member indicated since the beginning of employment, the facility has worked short-handed. "Some [staff] have been okay with working extra shifts. But I think we are all getting tired...I do not feel there is nearly enough staff to take care of the residents the way they need to be cared for. I can get them turned & changed, [get] clothing and bed linens [changed], but not able to do [care] like oral care or nail care or charting. Generally [we] have 2 aides on C and D [for each hall for day and evening shift]...Nights [night shift] have 3 aides total for C & D halls. I think it would help a lot to have at least one more CNA on each hall."</p> <p>On 9-25-15, the Executive Director (ED) provided a current resident listing which indicated the C hall had 27 residents and the D hall had 28 residents, for a total of 55 residents for those two halls, out of</p>		<p>for 90 days then monthly for 6 months and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of the audit will be reviewed in the monthly CQI meeting. If the threshold of 95% is not achieved an action plan will be developed to assure compliance. Completed 10/28/15</p>		

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	<p>total census of 92.</p> <p>In an interview with CNA #3 on 9-27-15 at 5:06 p.m., she indicated she typically works on the C and D halls at least once weekly. She indicated for those staff members that routinely work on the C and D halls, they tend to get burned out more quickly because those staff members are constantly busy and on the run constantly.</p> <p>In an interview with LPN #4 on 9-28-15 at 9:20 a.m., she indicated she had not worked on the C or D hall for some time. "When I worked the floor, was mostly C hall. It routinely would take me 2 to 3 hours, depending upon what interruptions I would encounter [for the 8:00 a.m., medication pass]. Passing meds is not as simple as getting the meds together and handing it over. There are assessments and/or vital signs and always things like questions and phone calls to deal with. It really takes a lot of organization to get it done well." She indicated typically one nurse is assigned to C hall and one nurse to D hall. She indicated that nurse is responsible for all care, including medication passes for each of the assigned halls.</p> <p>In an interview with LPN #5 on 9-28-15 at 9:35 a.m., she indicated for the C</p>			

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	<p>and/or D halls, "I usually start around 6:30 a.m. and [the 8:00 a.m. medication pass is] completed by 10:30 a.m.</p> <p>In an interview with LPN #7 on 9-28-15 at 9:45 a.m., she indicated for the C and/or D 8:00 a.m. medication pass, "Can take up to 3 hours on a good day or up to 3.5 hours on a busier day."</p> <p>Resident #B's clinical record was reviewed on 9-25-15 at 3:00 p.m. His diagnoses included, but were not limited to, salivary gland cancer with metastasis (spread) to brain and bone. His admission Minimum Data Set (MDS) assessment, dated 8-21-15, indicated he required extensive assistance of one person with personal hygiene, including oral hygiene.</p> <p>In an interview with a family member of Resident #B on 9-28-15 at 10:44 a.m., she indicated the resident would be left with his mouth with dried food on it and in it. She indicated to the best of her knowledge, he was not offered a mouth swab to ease the dryness in his mouth. She indicated a family friend would assist him with brushing his teeth when he visited. She indicated she had spoken with the Director of Nursing (DON) in regards to care issues. She indicated, "Seems like every Monday morning, after</p>			

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	<p>I had been there over the weekend, I would call the DON to discuss the problems I had...Each time I got the same answer of they were short handed over the weekend and doing the best they could. That is not a good enough answer when it is your loved one in the nursing home."</p> <p>Resident #D's clinical record was reviewed on 9-25-15 at 2:45 p.m. His diagnoses included, but were not limited to, quadriplegia. His most recent Minimum Data Set (MDS) assessment, dated 9-9-15, indicated he required extensive assistance of one person with personal hygiene, including oral hygiene.</p> <p>In an interview with Resident #D on 9-25-15 at 10:50 a.m., he indicated oral care is only provided when he requests it. he indicated, "Don't think they have enough staff, especially on nights and weekends. Have to wait longer to get care."</p> <p>In an interview with the ED on 9-29-15 at 9:15 a.m., he indicated he had spoken with someone in the corporate computer department regarding documentation for oral hygiene conducted by staff. He indicated that person said since that is considered part of routine morning and evening care, it is not identified in a</p>			

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NAME OF PROVIDER OR SUPPLIER ROSEBUD VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374
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	<p>special manner. He did say that it can be extrapolated, but requires several extra steps for each individual resident to have this documented. The ED indicated he would assume if one has residents or families saying that care is not being done and staff members saying they are not able to get it done, then one could assume that is the case, no matter what the documentation may say.</p> <p>On 9-25-15, the ED provided a copy of the facility's medication administration times policy. This policy was dated 5-26-15 and indicated to be the current policy in effective for the facility. It indicated, "<u>EFFECTIVE IMMEDIATELY</u>: When writing new orders, abide by the following medication administration guidelines per state regulations-</p> <p><u>QD</u>- 0800 am (unless otherwise specified or is typical 0600 am (ie Synthroid or 1600 pm (ie: Coumadin, HS (2000 pm) med. EXCEPTION: medication ending in "tidine" (typical heartburn meds) are to be given at 1600 (4p) if written as QD and 0600/1600 (6a/4p) if written as BID.</p> <p><u>BID</u> - administer at 0800/2000 (8a/8p)</p> <p><u>TID</u> - administer at 0800/1400/2000 (8a/2p/8p)</p> <p><u>QID</u> - administer at 0200/0800/1400/2000 (2a/8a/2p/8p)</p>			

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F 0514 SS=D Bldg. 00	<p><u>Q 2 hour</u> - give on even hours 0200/0400/0600/0800/1000 (2a/4a/6a/8a/10a)...etc...</p> <p><u>Q 4 hour</u> - administration times are to be 0400/0800/1200/1600/2000/2400 (4a/8a/12p/4p/8p/12a)</p> <p>In an interview on 9-29-15 at 4:45 p.m., the ED indicated the facility does not have a specific policy or procedure regarding staffing.</p> <p>This Federal tag relates to Complaint IN00181691 and Complaint IN00181746.</p> <p>3.1-17(a)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE 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.</p> <p>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,</p>	F 0514	F514 1.The cited resident's treatment	10/28/2015			

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	<p>the facility failed to ensure routine documentation of care for 1 of 3 residents, reviewed for urinary catheterization, physician ordered twice daily intermittent urinary catheterization in a sample of 6. (Resident #E)</p> <p>Findings include:</p> <p>Resident #E's clinical record was reviewed on 9-29-15 at 10:00 a.m. It indicated her diagnoses included, but were not limited to, urinary bladder retention.</p> <p>In interview with Resident #E on 9-29-15 at 9:30 a.m. She indicated she has been conducting "straight caths [intermittent urinary catheterization] for 5 or 6 years at home by myself. Here, the nurses do it every morning and evening...my bladder just doesn ' t empty completely. The urologist told me it ' s because my bladder is old."</p> <p>In review of Resident #E's admission orders, dated 8-21-15, was an order to continue catheterization as at home.</p> <p>In review of Resident #E's "Medication Record" (MAR), a treatment was documented as "Urinary Bladder catheter 2x [times] daily before she goes to bed and 7:30 a.m." There was not a date</p>		<p>documentation was corrected immediately.</p> <p>2. One other resident receives intermittent straight catheterizations and has the potential to be affected.</p> <p>3. In an effort to ensure ongoing compliance, all residents receiving intermittent straight catheterizations will have date, time, and amount of return documented for each catheterization. All nursing staff will be in-serviced (see attachment A) on 10/27/15 regarding accurate record keeping of straight catheterizations.</p> <p>4. As a means of quality assurance, the DNS and/or designee will review the Treatment Log (see attachment E) 5 times a week for 4 weeks then monthly for 6 months, and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of the audit will be reviewed in the monthly CQI meeting. If the threshold of 95% is not achieved an action plan will be developed to assure compliance.</p> <p>5. Completed 10/28/15</p>	

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	<p>listed as to when this order was initiated. There was a lack of documentation of this treatment from 9-1-15 through 9-18-15, or 0 of 36 times it was to be documented. From 9-19-15 to 9-29-15, the twice daily treatment was documented as conducted 15 of the 21 times it should have been documented.</p> <p>In an interview with the Director of Nursing on 9-29-15 at 2:45 p.m., she indicated she did not know why the intermittent catherizations were not documented.</p> <p>In an interview with RN #8 on 9-29-15 at 2:55 p.m., she indicated she had been one of the staff that had not properly documented the intermittent catherizations, but would ensure that the documentation would occur in the future.</p> <p>This Federal tag relates to Complaint IN00181746.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>			