

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/14/2014
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NAME OF PROVIDER OR SUPPLIER RIVER POINTE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 3001 GALAXY DR EVANSVILLE, IN 47715
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(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
F000000	<p>This visit was for the Investigation of Complaint IN00147723.</p> <p>Complaint IN00147723 - Substantiated, Federal/State deficiencies related to the allegations are cited at F241 and F323. State residential deficiencies related to the allegations are cited at R117.</p> <p>Survey dates: May 13 and 14, 2014</p> <p>Facility number: 002280 Provider number: 155723 AIM number: N/A</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF: 27 NF: 8 SNF/NF: 20 Residential: 43 Total: 98</p> <p>Census payor type: Medicare: 27 Medicaid: 8 Other: 63 Total: 98</p>	F000000		

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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F000241 SS=D	<p>Sample: 6 Residential sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.</p> <p>Quality review completed on May 15, 2014 by Jodi Meyer, RN</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on interview and record review, the facility failed to ensure call lights were answered in a timely manner, for 2 of 3 residents interviewed regarding call lights, and 1 family member interviewed, in a sample of 6. Residents G, H, and A</p> <p>Findings include:</p> <p>On 5/13/14 at 9:15 A.M., the Director of Nursing (DON) provided a list of</p>	F000241	F241Residents G, H and A have been interviewed and their careplans reviewed to determine identified needs are being met and assistance was offered and staff that care for them have been in-serviced on their needs.Completion Date 6-13-2014All residents who utilize their call lights to communicate their needs for assistance have the potential to be affected by the alleged deficient practice and through in-servicing and service delivery timeliness will ensure call	06/13/2014

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	<p>residents, highlighting those considered interviewable. Residents G and H were marked as interviewable.</p> <p>During a confidential interview with Resident G, he indicated the staff had to assist him to the bathroom and with his showers. He indicated, "There's not enough staff." He indicated he had to sometimes wait "awhile" to have his call light answered. He indicated there was no certain time of day that he had to wait longer than others, and did not indicate on how long he had to wait. He indicated, "Maybe 1/2 hour sometimes."</p> <p>During a confidential interview with Resident H, she indicated she had to wait on her call light to be answered frequently. She indicated she thought she had to wait 1/2 hour at times. She indicated she did not know if there was a certain time that was worse than others.</p> <p>During a confidential interview with a family member of Resident A, she indicated her family member frequently complained about waiting on call lights to be answered, up to 1 hour. The family member indicated she did not know if that was true, and she felt the facility "was about as staffed as any other facility was."</p>		<p>lights are answered timely. Completion Date 6-13-2014</p> <p>Systemic change is the daily/random shift audits monitoring call light response time along with random daily interviews. Completion Date 6-13-2014</p> <p>HC unit manger/DHS/Designee will interview those residents identified as using their call lights to ensure satisfaction. Group interview sessions will be conducted monthly during Resident Council to identify those residents with concerns. Results of audits and resident group session notes will be reported to QA committee monthly x6 months and quarterly thereafter for ongoing monitoring and further recommendations if indicated.</p>				

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F000323 SS=D	<p>On 5/14/14 at 1:00 P.M., during an interview with the Administrator, she indicated she doubted anyone had to wait 1/2 hour for a call light to be answered.</p> <p>This Federal tag relates to Complaint IN00147723.</p> <p>3.1-3(t)</p> <p>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</p>			

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	<p>assistance devices to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff stayed with a resident in the bathroom, resulting in a fall, for 1 of 4 residents reviewed for falls in a sample of 6. Resident A</p> <p>Findings include:</p> <p>On 5/13/14 at 8:35 A.M., during the initial tour, the Minimum Data Set (MDS) Coordinator indicated Resident A had fallen in the previous 2 months.</p> <p>On 5/13/14 at 11:15 A.M., Resident A was observed in a wheelchair, being assisted to the bathroom by a staff member.</p> <p>The clinical record of Resident A was reviewed on 5/13/14 at 2:10 P.M. The resident was admitted to the "skilled" section of the facility on 3/28/14, after a hospitalization. A hospital history and physical, dated 3/23/14, indicated, "Probable subacute C1 fracture [neck]...."</p> <p>A Physical Therapy Plan of Care, dated 3/30/14, included: "Reason for Referral: This 90 year old female presents to therapy due to a fall [approximately] 3 weeks prior to hospitalization with</p>	F000323	F323Resident A has current assessments and careplans to reflect assistance and transferring needs.Completion Date 6-13-2014No other residents were affected by the alleged deficient practice and through corrective actions will ensure that those residents found to need assistance for transferring to/from toilet will not be left alone in bathroom.Completion Date 6-13-2014Systemic change is the review of assignment sheets in morning stand up meeting with therapy program director present.Completion Date 6-13-2014Nursing and therapy staff in-serviced on coordination of service and needs of individual residents and how to communicate when changes occur.Completion Date 6-13-2014DHS/designee will randomly audit resident toilet use to ensure the assistance deemed necessary is being provided: 2 x wk for 8 wks and 2 x per month thereafter.Results of monitoring will be forwarded to QA committee x 6 months and quarterly thereafter for review and further suggestion based on compliance	06/13/2014			

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	<p>gradual increased cervical/face/head and left shoulder pain until to ER on 3/23/2014/ Patient has complaints of extreme pain left cervical and shoulder area as well as over all weakness with resulting impairments in decline all aspects of functional mobility...Medical History Related to Diagnosis/Condition:...macular degeneration...subacute C1 posterior arch fx [fracture]...Patient will have assistance from staff for all ADLs [activites of daily living] and mobility...Precautions: Hard of hearing. Legally blind. Low endurance - needs frequent rests. Needs assistive device of w/c [wheelchair] for mobility. Orders for cervical collar for comfort...Initial Assessment, Current Level, Transfers, Sit<> Stand, moderate assistance x 2...."</p> <p>An Occupational Therapy Plan of Care, dated 3/31/14, indicated, "Reason for Referral: This 90 year old female presents to therapy due to a fall about 3 weeks ago as a result of attempting a transfer without assistance resulting in fracture of C1 vertebra. Patient has complaints of pain with resulting impairments in all areas of ADL.Occupational Therapy is needed for compensatory training and strengthening as well as improved balance...Initial Assessment, ADL Self Care, Toileting,</p>			

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	<p>Maximum assistance (76-99%), Funct. [functional] Transfers, Toilet, Maximum assistance (76-99%)...."</p> <p>A Resident Care Plan, dated 4/3/14, indicated: "Problems, Falls, At risk for fall/injury AEB [as evidenced by] History of Falls, Potential for fall, R/T [related to] Disease process/condition: Fx C1...weakness...Use of assistive devices: W/C walker." The Interventions included: "...Provide/monitor use of adaptive devices: Walker/Cane, Wheelchair...PT [physical therapy], OT [occupational therapy]." A notation, dated 4/6/14, indicated, "Do not leave unattended in bathroom."</p> <p>A MDS assessment, dated 4/4/14, indicated the resident's "Brief Interview for Mental Status" was 9, with 15 indicating no memory impairment. The MDS assessment indicated the resident required extensive assist of two+ staff for bed mobility, transfer, and toilet use. A test for balance while moving on and off toilet indicated, "Not steady, only able to stabilize with staff assistance." The MDS assessment indicated the resident had a "fracture related to a fall in the 6 months prior to admission/entry...."</p> <p>A "Skilled Nursing Assessment and Data Collection," dated 4/4/14 indicated,</p>			

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	<p>"Skilled services for: Assist [with] all ADL's [activities of daily living]."</p> <p>A "Fall Circumstance, Assessment and Intervention" document, dated 4/6/14 at 11:15 A.M., indicated, "Location of fall: Bathroom, Witnessed: N [no], Found on floor...Activity at time of fall: Transferring self, Toileting...Fall Risk Re-Assessment, Resident has cognitive or memory impairment that effects [sic] safety and judgment? Y [yes]...Resident has a history of falls in the past three months? Y, Resident requires assistance to transfer? Y...Resident is unable to maintain balance while sitting, standing or walking without assistance? Y...Prevention Update: Do not leave res. [resident] unattended in bathroom on toilet."</p> <p>On 5/14/14 at 2:20 P.M., during an interview with the Administrator and Director of Nursing, the Administrator consulted an incident report regarding the resident's fall, which she indicated was not part of the clinical record, but was a part of the facility's quality assurance program. The Administrator indicated the CNA assisting Resident A on 4/6/14 was instructed to not leave the resident alone in the bathroom after the fall. The Administrator indicated the resident did not have any alarms, and so the CNA was</p>			
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	<p>not expected to stay with the resident while toileting her. The Administrator indicated the resident did not have a cervical fracture, and did not require 2 assist. The Administrator then called in the MDS Coordinator, who indicated the resident did need 2 assist at times when she was first admitted. When read the Physical Therapy and Occupational Therapy evaluations, the Administrator indicated the facility will need to communicate therapy recommendations better to the CNAs.</p> <p>This Federal tag relates to Complaint IN00147723.</p> <p>3.1-45(a)(2)</p>			

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R000000	This deficiency reflects state findings cited in accordance with 410 IAC 16.2-5.	R000000		
R000117	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			

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	<p>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 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 adequate staffing was available to answer call lights timely and to assist residents with hygiene, toileting, and showers, for 3 of 3 residents interviewed, in a sample of 6. Residents D, E, and F</p> <p>Findings include:</p> <p>On 5/13/14 at 9:15 A.M., the DON provided a list of residents, highlighting those that were considered interviewable. Residents D, E, and F were marked as interviewable.</p> <p>On 5/13/14 at 9:15 A.M., the Director of Nursing (DON) provided the current CNA assignment sheets for the</p>	R000117	R117Residents D,E and F have been interviewed to ensure their needs are being met and staff that care for them have been in-serviced on these needs.Completion Date 6-13-2014All residents have the potential to be affected by the deficient practice and through in-servicing and training staff we will ensure that call lights are answered timely, hygiene and shower assistance is provided and toileting assistance needs as they arise.Completion Date 6-13-2014In-service of nursing staff on resident needs and assistance expected as well as call light response time being monitored for satisfaction.Completion Date 6-13-2014AL manager/designee will randomly interview 3	06/13/2014			

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	<p>residential units. The sheets indicated there were 40 residents residing on the first and second floors, requiring the following assistance:</p> <p>Transfers: 15 residents required limited assist of 1 staff member, 2 residents required extensive assistance of 1, and 1 required supervision.</p> <p>Hygiene/Grooming: 19 residents required limited assist of 1, 2 required extensive assist of 1, and 1 required supervision.</p> <p>Toileting: 10 residents were incontinent, 3 were incontinent/continent, 4 required limited assist of 1, and 1 required supervision.</p> <p>4 residents were indicated as being fall risks.</p> <p>During a confidential interview with Resident E, she indicated she was very concerned about the staffing. She indicated she had frequently waited for 1/2 hour for her call light to be answered. She indicated she sometimes received her shower late or the day after it was scheduled. Resident E indicated she required assistance for toileting, and she had started lying on a brief at night, because the staff weren't able to assist her. She indicated she was continent, but</p>		residents/week for satisfaction with hygiene and call light response. Results of the audits will be forwarded to the QA committee monthly for 6 months and quarterly thereafter.	

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	<p>that she would "rather wet in a brief than in her bed." She indicated, "One CNA is not able to take care of both floors. It can't be done." She indicated the nurses and CNAs apologize that they are not able to get to her timely. She indicated she had spoken to the Administrator and the DON, and was always told the same thing, "that they were hiring new staff." She indicated the DON "got after the staff" after she complained to the DON about staffing. Resident E indicated she truly thought the staff were doing everything they could, but there just was not enough.</p> <p>During a confidential interview with Resident F, she indicated, "Sometimes it takes awhile for call lights to be answered. It depends on how many are working." She indicated she does not always receive assistance when transferring to and from bed. She indicated, "Sometimes at night, they don't come at all. I leave my shoes on, so I can get to bed. Takes awhile but I do it."</p> <p>During a confidential interview with Resident D, he indicated, "It just depends on how long it takes for a call light to be answered. It might be 15-20 minutes, or it could be 1/2 hour or more." He indicated he had to "fight" to get his showers every week. He indicated the</p>			

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	<p>staff have to help him get dressed and transfer him.</p> <p>During a confidential interview with Staff A, she indicated, "Staffing has been a problem the last couple months." She indicated, "For the most part, we get it done. If someone calls in and they have to pull, they pull from this unit." Staff A indicated the acuity of the residents was the problem; that many of the residents require much assistance.</p> <p>During a confidential interview with Staff B, she indicated, "I try to answer the call lights as quickly as possible." She indicated it was difficult for the staff to get all of the showers completed, and everything else accomplished, when there was not at least 2 CNAs working.</p> <p>During a confidential interview with Staff C, she indicated there was usually 1 nurse scheduled for the upstairs, and 1 nurse scheduled for the downstairs, with 1 CNA working both the upstairs and downstairs. She indicated sometimes there was a non-certified assistant working, which helped with call lights, but that they were unable to toilet or give showers. She indicated, "We have a lot of heavy care right now." She indicated it was difficult to get all of the showers done. She indicated they try to get to the</p>			

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	<p>call lights as quickly as they can. She indicated she did not think 2 CNAs were being scheduled. She indicated the previous weekend, there was not a nurse even working the residential unit, but that there were 2 QMAs and 1 CNA. She indicated that would be a problem, because there were so many residents requiring insulin, and QMAs are not allowed to give insulin.</p> <p>During a confidential interview with Staff D, she indicated the staffing "keeps getting worse." She indicated there was frequently 1 CNA to watch both floors, and a nurse for each floor. She indicated she was frequently "scared someone was going to fall" and she could not get to them. She indicated the staff carry a pager, which sends a message with a name, and that she tried to get to them as quickly as possible.</p> <p>During a confidential interview with Staff E, she indicated she thought sometimes the admissions person, who was non-clinical, would assess someone and decide that resident would not need much care. She indicated, "Then the resident would be admitted, and require extensive care." She indicated she wondered sometimes if the pagers were working correctly. She indicated management staff "were trying to fill in</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/14/2014
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NAME OF PROVIDER OR SUPPLIER RIVER POINTE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 3001 GALAXY DR EVANSVILLE, IN 47715
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	<p>the holes."</p> <p>On 5/14/14 at 10:00 A.M., RN # 1 was interviewed. RN # 1 indicated she was the "scheduler" for the facility. She indicated she tried to schedule 1 nurse and 1 CNA on both the first and second floors, for day and evening shifts. She indicated she scheduled 1 nurse and 1 CNA on the night shift, and they were to cover both floors. She indicated there were occasional "call-ins," and staff tried to cover those. She indicated her staffing was based on the number of residents, not the acuity of the residents.</p> <p>On 5/14/14 at 1:00 P.M., during an interview with the Administrator, she indicated some staff were more willing to work than others. She indicated the residential rules just required "1 awake person." She indicated management staff had been working to cover staffing. She indicated she did not believe any residents had to wait 1/2 hour for a call light to be answered.</p> <p>This State finding relates to Complaint IN00147723.</p>			

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