

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/13/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155263		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/04/2024	
NAME OF PROVIDER OR SUPPLIER  SYCAMORE CARE STRATEGIES				STREET ADDRESS, CITY, STATE, ZIP COD 12802 EAST US HWY 50 LOOGOOTEE, IN 47553			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	<p>This visit was for the investigation of complaints IN00421182 and IN00415545.</p> <p>Complaint IN00421182: Federal/State defeciciencies related to the allegations are cited at F727.</p> <p>Complaint IN00415545: Federal/State deficiencies related to the allegations are cited at F727.</p> <p>Survey date: January 4, 2024</p> <p>Facility number: 000164 Provider number: 155263 AIM number: 100289550</p> <p>Census bed type: SNF/NF: 35 Total: 35</p> <p>Census payor type: Medicare: 5 Medicaid: 19 Other: 11 Total: 35</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on January 9, 2024.</p>			F 0000	<p><b>By Submitting the following material, we are not admitting the truth or accuracy of any specific findings or allegation. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant your regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective 1/22/2024 to the state findings of the Recertification and State Licensure Survey. We respectfully request paper compliance in leu of a post survey review. Please contact the facility if additional information is needed for a desk review.</b></p>		
F 0727 SS=E Bldg. 00	483.35(b)(1)-(3) RN 8 Hrs/7 days/Wk, Full Time DON §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Brandi Gladish

Health Facility Administrator

02/02/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>a week.</p> <p>§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.</p> <p>§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.</p> <p>Based on interview and record review, the facility failed to provide Registered Nurse (RN) coverage of at least 8 hours daily. No RN coverage was available on 3 of 12 days (nine shifts) during the review period.</p> <p>Finding includes:</p> <p>On 1/4/24 at 2:00 P.M., during a review of the facility's nursing schedule from 12/24/23 through 1/4/24, no RN's were scheduled on the dates of 12/24/23, 12/25/23, and 12/26/23.</p> <p>During a review of daily posted staffing sheets for 12/24/23, 12/25/23, and 12/26/23, the staffing sheets indicated there were zero hours of RN coverage for each date.</p> <p>During an interview on 1/4/24 on 3:25 P.M., the DON (Director of Nursing) indicated that he was not working at the facility on 12/24/23, 12/25/23, or 12/26/23. LPN 4 confirmed that no RNs were scheduled on those dates.</p> <p>On 1/4/24 at 4:45 P.M., the DON provided an undated facility policy titled, Nursing Services. The policy included, "...Nursing service is provided twenty-four (24) hours per day, seven days per week. The requirements for long term</p>			F 0727	<p><b>It is the practice of this facility to ensure eight consecutive hours a day, 7 days a week of RN (Registered Nurse) coverage.</b></p> <p>==== b====&gt;</p> <p>1. Corrective action taken for those residents found to have been affected by alleged deficient practice.</p> <p>Schedule now has eight consecutive hours a day, 7 days a week of RN coverage per day.</p> <p>Administrator, Director of Nursing and HR director reviewed current RN staffing hours and adjusted current schedule to ensure 8 consecutive hours of RN coverage, 7 days a week,</p> <p>2. To identify other residents who have the potential to be affected by the same alleged deficient practice.</p> <p>All residents have the potential to be affected.</p> <p>3. Measures and systemic changes put into place to ensure that the alleged deficient practice does not recur.</p>		01/22/2024

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	care facilities require that a skilled nursing facility provide 24-hour licensed nursing services, an RN for 8 consecutive hours per day, 7 days a week..."  This citation relates to complaints IN00421182 and IN00415545.  3.1-17(b)(3)		Facility continues to recruit and retain sufficient RN staff. The administrator and director of nursing will review the schedule daily to ensure 8 consecutive hours of RN coverage. Scheduling and relevant staffing have been educated regarding the requirements and the importance of maintaining RN coverage. Any days found not to have 8 consecutive hours the Director of Nursing is required to cover the RN staffing need or find RN coverage prior to the day of. 4. The corrective action will be monitored to ensure the alleged deficient practice does not recur and quality assurance measures put in place are: The staffing schedule, including call-ins and staff postings for the past month will be reviewed for the required coverage of eight consecutive hours a day, 7 days a week in the monthly Quality Assurance Performance Improvements meeting for 6 months or until 100% compliance of 8 consecutive hours a day of RN coverage is achieved for 3 consecutive months. The results of the review and any corrective actions will be discussed at the quarterly QA meetings and the current plan revised as warranted.  ="" span="">/p>		

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			<p>/p&gt;</p> <p>/b3. measures&gt;</p> <p>/p&gt;</p> <p>/b4. the&gt;</p> <p>/p&gt;</p> <p>span=""&gt;/b &lt;&gt;</p> <p>a="" name="_Hlk157768888"&gt;</p> <p>="" p=""&gt;</p> <p>="" b=""&gt;</p> <p>="" p=""&gt;</p> <p>="" b=""&gt;</p> <p>="" p=""&gt;</p> <p>b=""&gt;</p>		