

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

PRINTED: 12/20/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155561		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/17/2023	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME & REHABILITATIVE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 231 N JACKSON ST OAKLAND CITY, IN 47660			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00418254.</p> <p>Complaint IN00418254- Federal/State deficiencies related to the allegations are cited at F804.</p> <p>Survey dates: November 13, 14, 15, 16 & 17, 2023</p> <p>Facility number: 000327 Provider number: 155561 AIM number: 100273920</p> <p>Census Bed Type: SNF/NF: 72 Total: 72</p> <p>Census Payor Type: Medicare: 1 Medicaid: 55 Other: 16 Total: 72</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 20, 2023.</p>			F 0000	<p>This Plan of Correction constitutes the facility's written allegation of compliance for the deficiencies cited. The submission of this Plan of Correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report. This provider respectfully requests that this Plan of Correction be considered the letter of credible allegation of compliance and requests a desk review. If more information is needed to support this request, please contact the Executive Director, Kayla Hembree</p>		
F 0550 SS=D Bldg. 00	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p>						

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 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 30 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>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident dignity was respected during a random dining observation for 1 of 2 dining rooms in use at the time of the survey.</p>			F 0550	It is the intent of the facility for the residents' right to a dignified existence, self-determination, and communication with and access to persons and services inside and		12/17/2023

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	<p>Findings include:</p> <p>1. During a random lunchtime observation beginning at 12:10 P.M. in the Chandelier dining room on 11/13/23, Certified Nurse Aide (CNA) 6 placed a clothing protector on a resident and referred to it as "your bib".</p> <p>2. During a random lunchtime observation beginning at 12:10 P.M. in the Chandelier dining room on 11/13/23, CNA 6 stood while she assisted a resident sitting in a regular sized wheelchair to eat.</p> <p>3. During a random lunchtime observation beginning at 12:10 P.M. in the Chandelier dining room on 11/13/23, CNA 6 answered her personal cell phone while assisting a resident to eat.</p> <p>On 11/16/23 at 10:19 A.M., the Administrator indicated staff should not refer to clothing protectors as a bib due to resident dignity. At that time, she indicated that staff should sit while assisting residents to eat, and that staff should not have their phones out or answer them while caring for residents.</p> <p>On 11/16/23 at 10:41 A.M., the Administrator provided a current "Resident Rights, Privacy, Photographs, Cell Phone Usage and Investigation Cooperation" policy, undated, that indicated "to avoid disruptions and ensure productivity and focus on serving our residents, our facilities' employees are not to use their personal cellular telephone and other communications [sic] devices during working time for non-work purposes unless for emergency reason ... Do not have your phone visible or headphones in resident care areas ... This further includes...while in dining</p>				<p>outside the facility, including those specified in this section.</p> <p>What corrective action will be accomplished for residents affected?</p> <p>There were no identified residents affected by this alleged deficient practice. CNA#6 will be in-serviced by ED/designee regarding resident rights, dignity, and cell phone use policy.</p> <p>ED/designee will in-service staff regarding resident rights, dignity, and cell phone use policy.</p> <p>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</p> <p>All residents residing in the facility have potential to be affected. CNA#6 will be in-serviced by ED/designee regarding resident rights, dignity, and cell phone use policy. ED/designee will in-service staff regarding resident rights, dignity, and cell phone use policy.</p> <p>What measures will be put into place to ensure this practice does not recur?</p> <p>Staff will be in-serviced on resident rights, dignity, and cell phone use policy. ED/designee will in-service staff regarding resident rights, dignity, and cell phone use policy.</p> <p>ED/designee will round daily during resident mealtimes to ensure there are no dignity concerns, staff are sitting as</p>		

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	areas". 3.1-3(a)		appropriate when assisting residents to eat and staff are not using cell phones or earbuds during resident care. How 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? The ED/designee will be responsible for completing Resident Rights quality assurance tool weekly times 4 weeks, monthly times 6 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If a threshold of 100% is not achieved, an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of responsible employee.		
F 0732 SS=C Bldg. 00	483.35(g)(1)-(4) Posted Nurse Staffing Information §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly				

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	<p>responsible for resident care per shift:</p> <p>(A) Registered nurses.</p> <p>(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).</p> <p>(C) Certified nurse aides.</p> <p>(iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements.</p> <p>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation, interview, and record review, the facility failed to ensure posted nurse staffing sheets contained the correct information daily for 5 of 5 days reviewed during the survey. (11/13/23, 11/14/23, 11/15/23, 11/16/23, 11/17/23)</p> <p>Findings include:</p> <p>On 11/13/23 at 10:30 A.M., the Posted Nurse Staffing form was observed on Station One's nurse's desk dated 11/13/23.</p>			F 0732	<p>Posted Nurse Staffing Information</p> <p>It is the intent of the facility to ensure that the posted nurse staffing information is posted daily in accordance with professional standards.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p>		12/17/2023

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	<p>The sheet included, but was not limited to, the following information: Shift hours for RN (Registered Nurse), LPN (Licensed Practical Nurse), and CNA (Certified Nursing Assistant). Total number of RN, LPN, and CNA for each shift. Total hours of RN, LPN, and CNA for each shift. The sheet did not specify which actual hours were worked by each discipline during the specified shift when the total hours were not equal to the number of staff or to which station they were assigned.</p> <p>On 11/15/23 at 8:28 A.M., the Administrator provided Daily Staffing Sheets dated 11/13/23, 11/14/23 and 11/15/23. The sheets included, but were not limited to, the following information: Shift hours for RN, LPN, and CNA. Total number of RN, LPN, and CNA for each shift. Total hours of RN, LPN, and CNA for each shift. The sheets did not specify which actual hours were worked by each discipline during the specified shift when the total hours were not equal to the number of staff or to which station they were assigned.</p> <p>During an interview on 11/15/23 at 10:30 A.M., the DON (Director of Nursing) and Scheduler indicated the Home Office will have to update the form since was created by them. It was filled out with the information that was listed on the form. At that time, new Daily Staffing Sheets were provided for 11/13/23, 11/14/23 and 11/15/23. The Daily Staffing Sheet was updated for 11/14/23 to include CNA working 10 A.M. to 2 P.M. on day shift and CNA working 2 P.M. to 6 P.M. on evening shift to explain the 12.5 listed under the Total Number of Unlicensed Nursing Staff on days and the 9.5 on evenings. The Daily Staffing Sheet was not updated to include if an RN or LPN worked a partial shift on evening shift to explain</p>				<p>No residents were affected by the alleged deficient practice. The resident census information is posted each day by the scheduler. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice. Scheduler will be in-serviced by DNS/designee on the accuracy of the posted nurse staffing information. Daily staffing hours are reviewed and will be updated as needed per DNS/Designee. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>Observational rounds will be completed by the ED/Designee every day to ensure staffing is posted and is accurate. 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>ED/Designee will complete QA tool weekly times 4 weeks, monthly times 6 months and quarterly until compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the</p>		

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F 0804 SS=D Bldg. 00	<p>the 3.5 listed under the Total Number of Licensed Nursing Staff. The night shift was not updated to include if an RN or LPN worked a partial shift to explain the 2.5 listed under the Total Number of Licensed Nursing Staff. Daily Staffing Sheets for 11/13/23 and 11/15/23 were not updated.</p> <p>On 11/17/23 at 8:52 A.M., the Administrator provided Daily Staffing Sheets dated 11/16/23 and 11/17/23. The sheets included, but were not limited to, the following information: Shift hours for RN, LPN, and CNA. Total number of RN, LPN, and CNA for each shift. Total hours of RN, LPN, and CNA for each shift. The sheets did not specify which actual hours were worked by each discipline during the specified shift when the total hours were not equal to the number of staff or to which station they were assigned.</p> <p>During an interview on 11/17/23 at 9:06 A.M., the Administrator indicated the Daily Staffing Sheet comes from the Corporate Office and was the form they used.</p> <p>On 11/17/23 at 8:52 A.M., the Administrator provided a Posted Nurse Staffing policy, revised on 7/2023, which indicated "...10. The nurse staffing data should be in a clear and readable format..."</p> <p>483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp §483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and</p>				QAPI committee overseen by the ED. If a threshold of 100% is not achieved an action plan will be developed. · Deficiency in this practice will result in disciplinary action up to the including termination for responsibility employee.		

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	<p>appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, record review, and interview, the facility failed to ensure that food was served at palatable temperatures for 1 of 1 trays tested for food temperature.</p> <p>Finding includes:</p> <p>On 11/15/23 at 11:56 A.M., the Regional Registered Dietician (RRD) checked the temperatures of the lunch food items that were on the holding table ready to be served. The following temperatures were recorded: Chicken salad sandwich - 32.4 F (Fahrenheit) Pureed chicken salad - 58 F Mashed potatoes - 143.5 F Burgers - 148.6 F Tomatoes - 42.4 F Lettuce - 51.5 F Tomato juice - 40.3 F Cucumber salad - 59.4 F Pudding - 48.2 F</p> <p>At that time, the pureed chicken salad, tomatoes, lettuce, tomato juice, cucumber salad, and pudding were put back in the refrigerator to chill.</p> <p>At 11/15/23 at 12:15 P.M., the RRD re-tested the following foods for temperature: Pureed chicken salad - 36.5 F Tomatoes - 40.8 F Lettuce - 40.4 F Cucumber salad - 40.2 F At that time, the pudding was not re-tested for temperature.</p>	F 0804	<p>Nutritive Value/Appear, Palatable/Prefer Temp It is the facility practice to serve food that has nutritive value, flavor, and appearance, and is palatable and safe.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>There were no identified residents affected by this alleged deficient practice. Dietary staff will be reeducated on food temperatures, and palatable flavor by the R.D/designee.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <p>All residents have the potential to be affected by this alleged deficient practice. Dietary staff will be reeducated on food temperatures, and palatable flavor by the R.D/designee.</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 attend resident council per invitation for</p>		12/17/2023		

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	<p>At 11/15/23 at 12:33 P.M., Cook 3 started plating food to be served to the residents for lunch. At that time, none of the foods were re-tested for temperature.</p> <p>On 11/16/23 at 12:32 P.M., a test tray was obtained. Food temperatures for that meal were: Patty melt - 116.3 F Potato wedges - 108.2 F Watermelon - 62.4 F</p> <p>A filed resident grievance, dated 10/28/23, indicated "breakfast was ice cold".</p> <p>On 11/16/23 at 2:00 P.M., Resident S, Resident L, Resident W, and Resident B indicated meals did not come on time and foods were not always hot.</p> <p>On 11/15/23 at 12:45 P.M., the RRD indicated the temperature for food should be below 41 F for cold foods and above 135 F for hot foods when plated.</p> <p>On 11/16/23 at 1:05 P.M., the Administrator provided a current "Food Temperatures" policy, revised 6/2023, that indicated "hot foods that are potentially hazardous will be held for service at or above 135 F, and cold foods at or below 41 F ... All hot and cold food items will be served to the residents at a temperature that is considered palatable at the time the resident receives the food".</p> <p>This citation relates to complaint IN00418254.</p> <p>3.1-21(a)(2)</p>				<p>next three months to query residents on food temperatures and palatability. ED/designee will sample a test tray weekly x's 4 to ensure palatability and proper temperatures.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place?</p> <p>A Food Quality indicator tool will be utilized three times a week x 4 weeks, then weekly x's 4 weeks, then monthly for six months. Non -compliance will result in one-on-one education. Results of the audit will be reported to the QAPI committee for follow up and will continue until the QAPI committee determines compliance. If 90% compliance is not achieved an action plan will be developed. The ED/designee will monitor for compliance.</p>		