

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155342	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  08/20/2021
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NAME OF PROVIDER OR SUPPLIER  MOUNT VERNON NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1415 COUNTRY CLUB RD MOUNT VERNON, IN 47620
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00360524.</p> <p>Complaint IN00360524- Substantiated. Federal/state deficiencies related to the allegations are cited F732.</p> <p>Survey dates: August 19 &amp; 20, 2021</p> <p>Facility number: 000234 Provider number: 155342 AIM number: 100273490</p> <p>Census Bed Type: SNF/NF: 49 Total: 49</p> <p>Census Payor Type: Medicare: 1 Medicaid: 24 Other: 24 Total: 49</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 24, 2021.</p>	F 0000		
F 0732 SS=C Bldg. 00	<p>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:</p> <p>(i) Facility name. (ii) The current date. (iii) The total number and the actual hours</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 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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	<p>worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:</p> <p>(A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements. (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. (ii) Data must be posted as follows: (A) Clear and readable format. (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. Based on observation, record review, and interview the facility failed to ensure the posted staffing information was accurate for 2 of 2 days of the survey period. The wrong date was noted on the posted staffing form for 8/19/21 at the nurses' station on the Plaza unit, and posted information was incorrect. (Plaza unit, Memory Care unit)</p>	F 0732	<p><b>F 732 Posted Nurse Staffing Information</b> <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> 1. Facility will post Nurse Staffing information daily</p>	09/01/2021			

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	<p>Findings include:</p> <p>1. During an observation on 8/19/21 at 10:12 p.m., the staff posting on the Plaza nurses' station counter was dated 8/14/21.</p> <p>During a review of the staffing schedules on 8/20/21 at 8:45 a.m., it indicated the 8/14/21 posting was incorrect by listing 0 hours for RN coverage. The schedule and timesheet indicated an RN worked an 8 hour shift on this date.</p> <p>2. During an observation on 8/19/21 at 10:20 p.m., the staff posting on the Memory Care nurses' station counter was dated 8/14/21. It matched the staff posting on the Plaza unit.</p> <p>3. During an observation on 8/19/21 at 11:20 a.m., the ADON (Assistant Director of Nursing) replaced the staff posting with the current date's posting, 8/19/21, at the Plaza nurses' station. The posting indicated RN coverage was 6 hours, but the schedule and timesheet indicated there were 8 hours of RN coverage.</p> <p>During an interview with RN 1 on 8/20/21 at 9:02 a.m., she indicated she worked 8/19/21 from 6 a.m.- 2:30 p.m. This was confirmed with the Scheduler.</p> <p>4. During an observation on 8/20/21 at 8:17 a.m., the staff posting on the Memory Care unit was dated 8/19/20. It matched the staff posting on the Plaza unit.</p> <p>At 9:04 a.m., the ADON was observed replacing the staff posting with the current date, 8/20/21.</p> <p>During an interview with the ADON on 8/20/21 at 9:11 a.m., she indicated the staff posting</p>		<p>2. Nursing Staffing information is posted</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>All residents under the care of the facility have the potential to be affected by the alleged deficient practices.</li> <li><b>Facility will post Nurse Staffing information daily by facility staff scheduler. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></li> <li>Staff scheduler will be educated on regulation on or before September 1, 2021 by DNS/Designee to ensure understanding of regulation - posting the nurse staffing data</li> <li>Observational rounds will be completed by DNS/designee daily to ensure staff posting is in place and accurate per shift.</li> </ul> <p><b>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?</b></p> <p>The ED/designee will be responsible for the completion of the Daily Monitoring tool daily times 4 weeks, weekly for six months, and monthly for continued compliance is</p>	

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	<p>should be posted daily and was usually posted by the scheduler. She indicated this had not been happening because they had been "transitioning." She indicated the posting was printed out from a report and was generated at midnight. It could be reprinted if their were any schedule changes.</p> <p>5. During an observation on 8/20/21 at 8:20 a.m., the staff posting on the Plaza unit was dated 8/19/21.</p> <p>At 9:00 a.m., the ADON was observed replacing the staff posting with the current date, 8/20/21.</p> <p>During an interview on 8/20/21 at 9:15 a.m. with the Scheduler, she indicated she came into the role of scheduler a few months ago due to staff leaving. She did not receive much training and was unsure how to generate and post the staff posting report. She indicated she was unsure if it was part of her job duties. She was unsure why the hours for RN coverage did not match what the schedule and timesheets indicated. She said the report is generated, but it not manually entered by staff in the facility. Is aware that the last staff posting before yesterday was 8/14/21 and that was posted by the previous Float Director of Nursing. She is no longer at the facility and that was near the date she was last in the facility. Is aware that the ADON posted yesterday and today's postings. Acknowledges both the 8/14/21 and 8/19/21 postings had inaccurate information listed for RN hours worked.</p> <p>During an interview with the Administrator on 8/20/21 at 9:45 a.m., she acknowledged the staff posting should be posted daily. She was unsure why the report did not match the schedule. She indicated they would begin looking at it in the</p>		<p>maintained for 6 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved, an action plan.</p>	

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	<p>morning to ensure it was accurate and would manually correct it, if needed, prior to posting on the units.</p> <p>During a review of the current policy, " Posted Nurse Staffing Data and Retention Requirements," dated 7/2019, provided by the Administrator on 8/20/21 at 10:23 a.m., indicated, " ...The facility must post the following information at the beginning of each shift, the facility name, the current date, resident census, the total number and actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: registered nurses, licensed practical nurses, certified nurse aides. Wellness assistants, restorative aides, unit managers, orientation staff, and all registered nurses, licensed practical nurses, certified nurse aides, CNA concierge, agency staff working in direct resident care (hours and shifts) should be included in the Posted Nurse Staffing Data form...The total hours column should be broken down by total hours worked by RN, LPN, and CNA. Be sure to include QMA hours in the total CNA total hour category...The nurse staffing data must be posted in a prominent place readily accessible to residents and visitors. The Nursing Staffing data should be updated each shift if there are changes to the daily posting."</p> <p>This Federal tag relates to Complaint IN00360524.</p>			