

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

PRINTED: 07/05/2023

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 06/08/2023	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME & REHABILITATIVE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 231 N JACKSON ST OAKLAND CITY, IN 47660			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 Complaint IN00405313 and IN00409945. This visit included the Covid -19 Focused Infection Control survey.</p> <p>Complaint IN00405313 - Federal/state deficiencies related to the allegations are cited at F732.</p> <p>Complaint IN00409945 - Federal/state deficiencies related to the allegations are cited at F732.</p> <p>Survey dates: June 7, 8, 2023.</p> <p>Facility number: 000327 Provider number: 155561 AIM number: 100273920</p> <p>Census Bed Type: SNF/NF: 71 Total: 71</p> <p>Census Payor Type: Medicare: 2 Medicaid: 58 Other: 11 Total: 71</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 16, 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.</p> <p>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 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>						

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

TITLE

(X6) DATE

Kayla Hembree

HFA

06/29/2023

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>(i) Facility name.</p> <p>(ii) The current date.</p> <p>(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly 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 staff posting was accurate for 2 of 2 days observed during the survey.</p> <p>Finding includes:</p>			F 0732	<p>F 0732 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</p>		06/26/2023

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	<p>During an observation on 6/7/23 at 2:00 p.m., the daily staffing schedule observed at the nurses station, reflected the number of staff members and hours worked, but lacked the resident census.</p> <p>During an observation on 6/8/23 at 2:00 p.m., the daily staffing schedule observed at the nurses station, reflected the number of staff members and hours worked, but lacked the resident census.</p> <p>On 6/8/23 at 11:36 a.m., QMA 1 indicated the daily staff posting is put out every morning, it has how many nurses and CNA's are working and how many hours they are working that day. QMA 1 indicated she did not know the resident census was supposed to be included, she was just told it needed to be included.</p> <p>On 6/8/23 at 11:38 a.m., the Administrator provided the current policy on posted nurse staffing requirements with an original date of 7/2019. The policy included, but was not limited to: 1. The facility must post the following information at the beginning of each shift. b. Resident census.</p> <p>This Federal tag relates to Complaint IN00409945 and IN00405313.</p>				<p>standards.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> No residents were affected by the alleged deficient practice. The resident census information is posted each day by the scheduler. <p>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> <ul style="list-style-type: none"> All residents have the potential to be affected by the alleged deficient practice. Scheduler will be in-serviced on the accuracy of the posted nurse staffing information. Daily staffing hours are reviewed and will be updated as needed per DNS/Designee. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> Observational rounds will be completed by the ED/Designee every day to ensure staffing is posted and is accurate. <p>How the corrective action(s) will be monitored to ensure the</p>		

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			deficient practice will not recur, i.e., what quality assurance program will be put into place? <ul style="list-style-type: none">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 QAPI committee overseen by the ED. If 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.		