

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

PRINTED: 10/13/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155287	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/28/2023
NAME OF PROVIDER OR SUPPLIER RENSSELAER CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 1309 E GRACE ST RENSSELAER, IN 47978		
(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 IN00418098.</p> <p>Complaint IN00418098 - Federal/state deficiencies related to the allegations are cited at F732 and F802.</p> <p>Survey date: September 28, 2023</p> <p>Facility number: 000185 Provider number: 155287 AIM number: 100290840</p> <p>Census Bed Type: SNF/NF: 67 Total: 67</p> <p>Census Payor Type: Medicare: 11 Medicaid: 47 Other: 9 Total: 67</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 9/29/23.</p>	F 0000	<p>This plan of correction is prepared and executed because the provisions of state and federal law require it and not because Rensselaer Care Center agrees with the allegations and citations listed. Rensselaer Care Center maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is it of such character to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We respectfully request a desk review.</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: (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

Brandi Costello

Executive Director

10/13/2023

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>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 and interview, the facility failed to have accurate and complete daily nurse staffing postings. This had the potential to affect all 67 residents residing in the facility.</p> <p>Finding includes:</p> <p>On 9/28/23 at 9:11 a.m., the nursing staffing posting was observed on the wall near the nurse's</p>			F 0732	<p>F732 Posting Nurse Staffing Information</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i></p> <p>· The nursing staffing board was immediately updated to</p>		10/20/2023

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	<p>station. The nurse staffing posting was dated 9/21/23.</p> <p>On 9/28/23 at 9:20 a.m., the nurse staffing posting was still observed dated 9/21/23.</p> <p>Interview with the Director of Nursing (DON) on 9/28/23 at 9:20 a.m., indicated she was not aware the incorrect date was posted. She would update the posting.</p> <p>This Federal tag relates to Complaint IN00418098.</p>		<p>reflect the current date, facility census and staffing.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <ul style="list-style-type: none"> ·All residents who reside in Rensselaer Care Center have the potential to be affected. All residents should have the ability to know the current census and nurse staffing on a daily basis. <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> <ul style="list-style-type: none"> ·Staff responsible for updating the nursing staffing board were immediately educated on the process/procedure/importance of accurate completion of nursing staffing board daily in the AM. ·All facility management to be educated on how to accurately update the nursing staffing board with census and staffing for the day by date of compliance. <p>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> <ul style="list-style-type: none"> ·DON/designee will audit the nursing staffing board 5 times weekly x 6 months to ensure it is updated with correct date, census and staffing. · The results of these reviews 		

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F 0802 SS=F Bldg. 00	<p>483.60(a)(3)(b) Sufficient Dietary Support Personnel §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.60(a)(3) Support staff. The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>§483.60(b) A member of the Food and Nutrition Services staff must participate on the interdisciplinary team as required in § 483.21(b)(2)(ii). Based on record review and interview, the facility failed to ensure there was sufficient qualified dietary staff available to cook meals. This had the</p>			F 0802	<p>will be discussed at the monthly facility Quality Assurance Committee meeting monthly for a total of 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. · Compliance date: 10.20.23. The Administrator at Rensselaer Care Center is responsible in ensuring compliance in this Plan of Correction.</p> <p>F 802- Sufficient Dietary Support Personnel What Corrective Action will be</p>		10/20/2023

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	<p>potential to affect 66 residents who received meals from the kitchen. (Main Kitchen)</p> <p>Finding includes:</p> <p>The Dietary Schedules as worked, dated 8/28/23-9/28/23, were reviewed on 9/28/23 at 11:25 a.m.</p> <p>On September 14, 2023, the Business Office Manager (BOM) worked in the kitchen as the cook. She cooked breakfast, lunch, and dinner that day. There were 66 residents in the facility who received meals.</p> <p>On September 15, 2023, the BOM worked in the kitchen as the cook. She cooked breakfast, lunch, and dinner that day. There were 65 residents in the facility who received meals.</p> <p>Interview with the Administrator on 9/28/23 at 12:55 p.m., indicated the BOM had volunteered to cook in the kitchen on the above dates. They had one cook on vacation and the other cook was out sick. She would have to look to see if the BOM had completed competencies and skills for food and nutrition services.</p> <p>Interview with the BOM on 9/28/23 at 1:44 p.m., indicated she had been picking up extra shifts a couple evenings a week in the kitchen for the past 2 months. She would help with serving food, drinks, and washing dishes. One of the cooks was on vacation. The other cook who was scheduled to work had called her and said she was sick. She asked her if she could cook. The BOM indicated she told her she would and then she notified the Administrator she would be cooking on 9/14/23 and 9/15/23. Since being employed by the facility she had not completed any</p>				<p>accomplished for those residents found to have been affected by this deficient practice:</p> <ol style="list-style-type: none"> 1. Business Office Manager (BOM) assisting in dietary, received competencies for cook/aide position on 9/28/2023. 2. No negative outcomes identified. <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> <ol style="list-style-type: none"> 1. Audit completed to ensure all staff that currently assist in dietary department have a competency completed and in employee file by date of compliance. <p>What measures and what systemic changes will be made to ensure that the deficient practice doesn't recur:</p> <ol style="list-style-type: none"> 1. All staff that will assist in the dietary department will have a competency completed prior to assisting in dietary department. 2. ED to provide education to all staff on the process/procedure for assisting in dietary department including completion of competency prior to assisting by date of compliance. 3. All newly hired staff will receive the same education upon hire. 		

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	<p>competencies and skills for food and nutrition services.</p> <p>Follow up Interview with the Administrator on 9/28/23 at 2:21 p.m., indicated prior to September 14th, they had a couple dietary employs quit. The Dietary Manager (DM) had also put in her 2 week resignation notice. The DM was supposed to work the week of 9/10/23, but had quit on 9/10/23. The facility was short staffed do to a COVID-19 outbreak in the facility and did not have anyone else besides the BOM to cook on the 14th and 15th. The BOM had not completed any competencies and skills for food and nutrition services since she had been employed by the facility.</p> <p>Interview with the Regional Vice President on 9/28/23 at 2:52 p.m., indicated they had just completed a skills validation with the BOM today so she could be utilized as a cook in the future if need be. The Dietician would be coming in next week to cross train the kitchen staff.</p> <p>The "Cook/Server Job Description Primary" received as current from the Administrator on 9/28/23, indicated, "...Specific Requirements..." "...Must perform proficiently in all competency areas including but not limited to: food preparation responsibilities, administrative responsibilities, planning, patient rights, and safety and sanitation..."</p> <p>An "Orientation Checklist Cook", received as current from the Administrator on 9/28/23, indicated, "...On-the-Job Training..." "...Review of Job Description..." "...Review of Sanitation Procedures..." "...Review of Infection Control Policies..." "...Review of Procedure Manual..." "...Review of Menu Planning..." "...Review of</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 in place:</p> <p>1. Dietary Manager and/or designee to complete audit of all staff scheduled to assist in dietary department for the next 6 months to ensure that all staff receive competencies prior to assisting.</p> <p>2. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for a total of 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Compliance date: 10.20.23. The Administrator at Rensselaer Care Center is responsible in ensuring compliance in this Plan of Correction.</p>		

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	Cleaning Procedures..." "...Orientation of Job Plan..." "...Use of Stove..." "...Use of Sanitizer..." "...Preparing Meals (lunch/supper)..." "...Receiving Deliveries..." "...Standardized Recipes..." "...Loading Food Carts..." "...Waste Control..." This Federal tag relates to Complaint IN00418098. 3.1-20(h)						