

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

PRINTED: 05/04/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155614	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  04/13/2018
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NAME OF PROVIDER OR SUPPLIER  LINCOLN HILLS OF NEW ALBANY	STREET ADDRESS, CITY, STATE, ZIP CODE 326 COUNTRY CLUB DRIVE NEW ALBANY, IN 47150
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(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
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00253628, IN00258613, IN00258664, and IN00258885.</p> <p>Complaint IN00253628 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00258613 - Substantiated. Federal/State deficiencies related to the allegations are cited at F550, F676, and F725.</p> <p>Complaint IN00258664 - Substantiated. Federal/State deficiencies related to the allegations are cited at F550, F676, and F725.</p> <p>Complaint IN00258885 - Substantiated. Federal/State deficiencies related to the allegations are cited at F550, F676, and F725.</p> <p>Survey dates: April 8, 9, 10, 11, 12, and 13, 2018</p> <p>Facility number: 000321 Provider number: 155614 AIM number: 100286130</p> <p>Census Bed Type: SNF/NF: 117 Total: 117</p> <p>Census Payor Type: Medicare: 6 Medicaid: 88 Other: 23 Total: 117</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		
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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 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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F 0550 SS=D Bldg. 00	<p>Quality review completed on April 16, 2018</p> <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> <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>			

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	<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 interview and record review, the facility failed to ensure a residents' dignity remained intact for 2 of 5 residents reviewed for dignity. (Resident K and Resident X)</p> <p>Findings include:</p> <p>1. The clinical record for resident K was reviewed on 4/11/18 at 9:40 a.m. Diagnoses included, but were not limited to, hypertension and chronic obstructive pulmonary disease. The quarterly MDS (Minimum Data Set) assessment, dated 3/28/18, indicated the resident had intact cognition, required extensive two person physical assistance with toileting, and was occasionally incontinent of bladder.</p> <p>During an interview, on 4/11/18 at 11:10 a.m., the resident indicated, lately she has had a couple of accidents while waiting for staff to assist her to the bathroom. "I turned my call light on the other day because I had to use the bathroom. After forty minutes I could not hold it any longer and peed all over myself. It's so humiliating knowing you have to go and then pee all over yourself because no one answers your call light."</p> <p>2. The clinical record for resident X was reviewed on 4/12/18 at 5:22 p.m. Diagnoses included, but were not limited to, diabetes, peripheral vascular disease, and hypertension. The quarterly MDS assessment, dated 2/20/18, indicated the resident had intact cognition, required one person physical assistance with toileting, and was occasionally</p>	F 0550	<p>The plan of correction is to serve as Lincoln Hills Healthcare Center's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Lincoln Hills Healthcare Center or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement</p> <p><b>F550</b></p> <p><b>1. All Residents will be reassessed for toileting assistance needs to ensure dignity of resident's remains intact.</b></p> <p><b>2. The Resident's care plans and CNA assignment sheets will be updated as warranted to ensure staff are aware of toileting needs of residents and the resident's dignity remains intact.</b></p> <p><b>3. The nursing staff will be in-serviced on Resident Rights, dignity and the importance of answering call lights in a timely manner. Nurse and</b></p>	05/13/2018

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	<p>incontinent of bladder.</p> <p>During an interview, on 4/11/18 at 11:46 a.m., the resident indicated, after turning on her call light, she has had to wait every bit of an hour for someone to answer the call light. She has had several incontinent accidents from the long wait which made her feel horrible and embarrassed.</p> <p>During an interview, on 4/11/18 at 2:20 p.m., CNA (Certified Nursing Assistant) 5 indicated she cannot complete all her assigned tasks during the shift.</p> <p>During an interview, on 4/12/18 at 4:15 p.m., LPN (Licensed Practical Nurse) 8 indicated when there was one CNA (Certified Nursing Assistant) for each wing/hall it was hard for staff to complete their tasks.</p> <p>During an interview, on 4/12/18 at 4:19 p.m., CNA (Certified Nursing Aide) 4 indicated when there were only two aides for three halls it was hard to answer the call lights in a timely manner.</p> <p>The facility resident admission binder was provided by the Director of Nursing on 4/12/18 at 10:40 a.m. It included, but was not limited to, the following: "Table of Contents...Resident Rights...The resident has a right to a dignified existence....facility must treat each resident with...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..."</p> <p>This Federal tag relates to Complaints IN00258613, IN00258664, and IN00258885</p> <p>3.1-3(t)</p>		<p><b>nurse aide assignments and shift tasks are being reviewed to ensure residents are being provided care in a timely manner.</b></p> <p><b>4. The DON and/or Designee will make rounds utilizing the Resident Toileting Assistance List on all residents requiring assistance with toileting to ensure call lights are being answered timely and needs being met any concerns will be addressed immediately. The rounds will be conducted 2x daily x4 weeks, then continue daily during routine Nurse Management rounds on an ongoing basis. The daily rounds/audits will be reviewed daily in the AM management meeting to ensure compliance. The DON, or designee, will interview 5 residents regarding toileting assistance, call light times and dignity weekly for 12 weeks, then monthly for 9 months for a total of 12 months of monitoring. The overall results of the audits will be discussed at the monthly QAPI Committee meeting monthly x3 months, then quarterly thereafter once compliance is at 100%. Frequency and duration of the reviews will be adjusted as needed if compliance is below 100%</b></p> <p><b>5. Compliance Date: May 13, 2018</b></p>	

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F 0676 SS=E Bldg. 00	<p>483.24(a)(1)(b)(1)-(5) Activities Daily Living (ADLs)/Mntn Abilities §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:</p> <p>§483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ;</p> <p>§483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:</p> <p>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,</p> <p>§483.24(b)(2) Mobility-transfer and ambulation, including walking,</p> <p>§483.24(b)(3) Elimination-toileting,</p> <p>§483.24(b)(4) Dining-eating, including meals</p>		<p><b>The administrator will be responsible for ensuring compliance by the date listed.</b> or admission of the survey allegations</p>	

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	<p>and snacks,</p> <p>§483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. Based on observation, interview, and record review, the facility failed to ensure residents received a minimum of two showers per week for 6 of 7 residents reviewed for Activities of Daily Living. (Resident E, K, O, P, W, and X)</p> <p>Findings include:</p> <p>1. The clinical record for Resident E was reviewed on 4/10/18 at 2:30 p.m. Diagnosis included, but was not limited to, left sided hemiparesis. The quarterly MDS (Minimum Data Set) assessment, dated 2/23/18, indicated the resident had intact cognition and required total dependency on staff for bathing.</p> <p>The March 2018 shower report indicated Resident E received one shower during the month.</p> <p>The April 2018 shower report indicated Resident E had not received any showers from 4/1/18 to 4/11/18.</p> <p>During an interview, on 4/10/18 at 3:20 p.m., the resident indicated he was suppose to receive two showers a week but it did not seem like he was getting them.</p> <p>2. The clinical record for resident K was reviewed on 4/11/18 at 9:40 a.m. Diagnoses included, but were not limited to, hypertension and chronic obstructive pulmonary disease. The quarterly MDS assessment, dated 3/28/18, indicated the resident had intact cognition and required one</p>	F 0676	<p><b>F676</b></p> <p><b>1. All residents will be reviewed for bathing preferences utilizing our Resident Preference Worksheet.</b></p> <p><b>2. The Residents care plans, CNA assignment sheets and shower schedules will be updated as warranted.</b></p> <p><b>3. The staff will be in-serviced on Resident Rights, dignity and the importance of providing showers/bathing/shaving per resident preference. Nurse and nurse aide assignments and shift tasks are being reviewed to ensure residents are being provided care in a timely manner.</b></p> <p><b>4. The DON and/or Designee will audit for shower/bathing/shaving completion daily x4 weeks, then weekly x4 weeks, then 2 times monthly x4 months, then random daily audits during Nurse Management rounds daily on-going to ensure showers are being provided in a timely manner and the resident preferences are being followed. Any areas of concern</b></p>	05/13/2018
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	<p>person physical help with bathing.</p> <p>The March 2018 shower report indicated Resident K received four showers during the month.</p> <p>3. The clinical record for resident O was reviewed on 4/12/18 at 3:25 p.m. Diagnosis included, but was not limited to, dementia. The quarterly MDS assessment, dated 1/12/18, indicated the resident had severe impaired cognition and was totally dependent on staff for bathing.</p> <p>The March 2018 shower report for Resident O indicated the resident received two showers during the month.</p> <p>The April 2018 shower report for Resident O indicated the resident received one shower from 4/1/18 to 4/11/18.</p> <p>4. The clinical record for resident P was reviewed on 4/11/18 at 4:40 p.m. Diagnoses included, but were not limited to, dementia and right sided hemiparesis. The MDS admission assessment, dated 3/13/18, indicated the resident had severe impaired cognition and was totally dependent on staff for bathing.</p> <p>During an observation, on 4/11/18 at 11:02 a.m. and 4/12/18 at 2:40 p.m., the resident was observed to be unshaven.</p> <p>The April 2018 shower report for Resident P indicated the resident had not received a shower from 4/1/18 to 4/11/18.</p> <p>5. The clinical record for Resident W was reviewed on 4/12/18 at 5:15 p.m. Diagnoses included, but were not limited to, diabetes and hypertension. The quarterly MDS assessment,</p>		<p><b>will be addressed immediately. The shower/bathing audit form will be reviewed in the AM management meeting daily to ensure compliance is achieved daily during the auditing period. The audits/nursing rounds will be discussed in the facility monthly QAPI committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of the reviews will be adjusted as needed if compliance is below 100%</b></p> <p><b>5. Compliance Date: May 13, 2018</b></p> <p><b>The administrator will be responsible for ensuring compliance by the date listed.</b></p>		

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	<p>dated 2/13/18, indicated the resident had intact cognition and required one person physical assistance for bathing.</p> <p>The March 2018 shower report for Resident W indicated the resident received six showers during the month.</p> <p>During an interview, on 4/12/18 at 4:12 p.m., Resident W indicated when the staff can give showers they do, but when they are short of help, they don't.</p> <p>6. The clinical record for Resident X was reviewed on 4/12/18 at 5:22 p.m. Diagnoses included, but were not limited to, hypertension, diabetes, and peripheral vascular disease. The quarterly MDS assessment, dated 2/20/18, indicated the resident had intact cognition and required one person physical assistance with bathing.</p> <p>The March 2018 shower report for Resident X indicated the resident received six showers during the month.</p> <p>The April 2018 shower report for Resident X indicated the resident received one shower from 4/1/18 to 4/11/18.</p> <p>During an interview, on 4/11/18 at 11:46 a.m., Resident X indicated she had not been getting her showers as scheduled which had been going on for a couple of months now.</p> <p>During an interview, on 4/11/18 at 12:46 p.m., the DON (Director of Nursing) indicated when showers are given, the CNA's should be documenting them in the system.</p> <p>During an interview, on 4/11/18 at 2:20 p.m., CNA</p>			



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	<p>(Certified Nursing Assistant) 5 indicated she cannot complete all her assigned tasks during the shift.</p> <p>During an interview, on 4/11/18 at 3:17 p.m., CNA 11 indicated at times she cannot complete all her assigned tasks including showers.</p> <p>During an interview, on 4/12/18 at 4:15 p.m., LPN (Licensed Practical Nurse) 8 indicated when there was one CNA (Certified Nursing Aide) for each wing/hall, they cannot complete resident showers.</p> <p>During an interview, on 4/12/18 at 4:19 p.m., CNA 4 indicated she cannot complete all her showers.</p> <p>During an interview, on 4/12/18 at 5:36 p.m. the Administrator indicated the residents should receive a minimum of two showers per week, but can have more than that if requested.</p> <p>The facility resident admission binder was provided by the Director of Nursing on 4/12/18 at 10:40 a.m. It included, but was not limited to, the following: "Table of Contents...Daily Living...Personal Hygiene...we will provide personal bathing assistance to you twice a week...Resident Rights...The resident has a right to a dignified existence...facility must treat each resident with...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..."</p> <p>This Federal tag relates to Complaints IN00258613, IN00258664, and IN00258885</p> <p>3.1-38(a)(2)(A)</p>			

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F 0725 SS=F Bldg. 00	<p>483.35(a)(1)(2) Sufficient Nursing Staff §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. Based on interview and record review, the facility failed to ensure sufficient staffing was in place to meet the needs of the residents related to showers and toileting. This deficient practice had the potential to affect 117 of 117 residents residing in the facility.</p> <p>Findings include:  During an interview, on 4/10/18 at 3:20 p.m.,</p>	F 0725	<p><b>F725</b> <b>1. All residents will be reviewed for assistance with toileting, bathing, and shaving preferences. Nurse and nurse aide assignments and shift tasks are being reviewed to ensure sufficient staffing is in place and that residents are being provided care in a timely</b></p>	05/13/2018	

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	<p>Resident E indicated he was suppose to receive two showers a week but it did not seem like he was getting them.</p> <p>The March 2018 shower report indicated Resident E received one shower during the month.</p> <p>The April 2018 shower report indicated Resident E had not received any showers from 4/1/18 to 4/11/18.</p> <p>During an interview, on 4/11/18 at 11:10 a.m., Resident K indicated, lately, she has had a couple of accidents while waiting for staff to assist her to the bathroom. "I don't demand showers but should be getting at least 2 showers a week".</p> <p>The March 2018 shower report indicated Resident K received four showers during the month.</p> <p>During an interview, on 4/11/18 at 11:46 a.m., Resident X indicated the facility was running on a "skeleton crew" and after turning on her call light, she has had to wait every bit of an hour for someone to answer it and has had several accidents.</p> <p>During an observation, on 4/11/18 at 11:02 a.m. and 4/12/18 at 2:40 p.m., Resident P was observed to be unshaven.</p> <p>The April 2018 shower report indicated Resident P had not received any showers from 4/1/18 to 4/11/18.</p> <p>During an interview, on 4/12/18 at 4:12 p.m., Resident W indicated when the staff can give showers they do, but when they are short of help, they don't.</p>		<p><b>manner including toileting, bathing, and shaving.</b></p> <p><b>2. All residents care plans and CNA assignment sheets will be updated as warranted and sufficient staffing patterns will be determined.</b></p> <p><b>3. The facility continues to recruit nurses and nurse aides. Nurse and nurse aide assignments and shift tasks including bathing, shaving and toileting are being adjusted to ensure the resident's needs are met timely by the nursing staff. Staffing patterns will be reviewed with staff and administration to ensure staffing patterns are at acceptable levels. Licensed nurses and certified nurse aides are being educated to contact the administrator and/or the director of nursing if they are unable to meet the needs of the residents related to staffing.</b></p> <p><b>4. The DON, Administrator and HR Director will continue to review the Nursing schedule daily as part of our AM management meeting to ensure all means of ensuring adequate staff have been initiated and to assess the outcome of our recruitment efforts. These efforts will continue daily. The Administrator, or designee, will interview 5 staff members to</b></p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155614	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  04/13/2018
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NAME OF PROVIDER OR SUPPLIER  LINCOLN HILLS OF NEW ALBANY	STREET ADDRESS, CITY, STATE, ZIP COD 326 COUNTRY CLUB DRIVE NEW ALBANY, IN 47150
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	<p>During an interview, on 4/11/18 at 11:46 a.m., Resident V indicated she had not been getting her showers as scheduled which had been going on for a couple of months now.</p> <p>During an interview, on 4/11/18 at 2:20 p.m., CNA (Certified Nursing Aide) 5 indicated staffing can be bad and she cannot complete all her assigned tasks during the shift.</p> <p>During an interview, on 4/11/18 at 3:17 p.m., CNA 11 indicated staffing was very short and, at times she cannot complete all her assigned tasks including showers. When staffing was real short, all she can do was her rounds and ensure the residents are clean and dry.</p> <p>During an interview, on 4/12/18 at 4:15 p.m., LPN (Licensed Practical Nurse) 8 indicated when there was one CNA for each wing, they cannot complete resident showers.</p> <p>During an interview, on 4/12/18 at 4:19 p.m., CNA 4 indicated when there are only two aides for three halls, it was hard to answer call lights in a timely manner and complete scheduled showers.</p> <p>The facility resident admission binder was provided by the Director of Nursing on 4/12/18 at 10:40 a.m. It included, but was not limited to, the following: "Table of Contents...Resident Rights...The resident has a right to a dignified existence...facility must treat each resident with...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...."</p> <p>This Federal tag relates to Complaints IN00258613, IN00258664, and IN00258885</p>		<p><b>ensure adequate staffing is available to complete assigned tasks including bathing, shaving, and toileting daily for 4 weeks, weekly for 8 weeks, then monthly for 9 months for a total of 12 months of monitoring. The results of these audits will be discussed in the facility monthly QAPI committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of the reviews will be adjusted as needed if compliance is below 100%</b></p> <p><b>5. Compliance Date: May 13, 2018</b></p>	

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

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