

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Stonebridge Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 Shawnee Dr S Bedford, IN 47421	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>34848</p> <p>Based on observation, interview, and record review, the facility failed to ensure the posted nurse staffing information was accurate and current for 1 of 6 days during the survey.</p> <p>Findings include:</p> <p>During an observation on Tuesday, 10/16/24 at 10:10 a.m., the staff posting sheet was dated for Friday, 10/10/24.</p> <p>During an interview on 10/16/24 at 10:11 a.m., the Executive Director (ED) indicated the staffing sheets was posted by the nursing station. An observation at that time, indicated the staff posting sheet was posted for 10/10/24. The ED indicated the staffing sheet was not current and she would get an updated one posted to reflect that day.</p> <p>During an interview on 10/16/24 at 10:15 a.m., the Clinical Support Nurse indicated the scheduler was responsible for posting the daily staffing sheet.</p> <p>On 10/16/24 at 11:13 a.m., the ED provided the facility policy, Guidelines for Staff Posting, reviewed on 12/31/23, and indicated it was the policy currently being used. A review of the policy indicated, . 1. At the beginning of the day the number and amount of licensed nurses (RN and LPN) and the number and hours of nursing personnel, per shift, who provide direct care to residents will be posted .</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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