

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155209	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/21/2013
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NAME OF PROVIDER OR SUPPLIER WATERS OF CLIFTY FALLS THE	STREET ADDRESS, CITY, STATE, ZIP CODE 950 CROSS AVE MADISON, IN 47250
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F000000	<p>This visit was for the Investigation of Complaint IN00121140 and Complaint IN00121479.</p> <p>Complaint IN00121140 -- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00121479 -- Substantiated. Federal/State deficiency related to the allegations is cited at F323.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: March 19, 20, and 21, 2013</p> <p>Facility number: 000116 Provider number: 155209 AIM number: 100266330</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF/NF: 102 Total: 102</p> <p>Census payor type: Medicare: 23 Medicaid: 70 Other: 9</p>	F000000	<p>The enclosed plan of correction is intended to serve as our written creditable allegation of compliance. We believe the measures taken, to date, have placed us into substantial compliance with the regulations. The filing of this plan of correction does not constitute an admission that the alleged deficient practice did exist. We desire to comply with the regulation and to comply with quality of care. This facility further respectfully request a desk review for paper compliance based on the evidence enclosed.</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>Total: 102</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 3/27/13 by Suzanne Williams, RN</p>			

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F000241 SS=E	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview and record review, the facility failed to promote residents' dignity as evidenced by staff standing above or over the residents while assisting the residents with dining during 2 of 2 meal observations with 8 residents in the assisted dining room.</p> <p>Findings include:</p> <p>On 3-20-13 at 12:12 p.m. and at 12:35 p.m., 3 facility staff were observed to be providing dining assistance and/or supervision to 8 residents in the assisted dining room. The residents were seated at 3 semi-circle tables. The staff were standing in the center of the semi-circle tables and leaning forward to assist the residents with the lunch meal. At least 1 stool and 1 chair were observed in the room to be available for staff to sit on during this meal.</p> <p>On 3-20-13 at 5:40 p.m., 4 facility staff were observed to be providing</p>	F000241	<p>F241 Dignity and Respect of the Individual</p> <p>This facility desires to provide care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The staff that was identified during the survey was immediately instructed to sit down during the dining experience while assisting residents with their meals.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</p> <p>All residents who were in the assisted dining room had the</p>	04/03/2013

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	<p>dining assistance and/or supervision to 8 residents in the assisted dining room. The residents were seated at 3 semi-circle tables. Three staff were standing in the center of the semi-circle tables and leaning forward to assist the residents with the supper meal. One staff member was observed to initially stand adjacent to one resident to assist a resident, but did obtain a stool to sit adjacent to the resident to assist her with the remainder of the meal. At least 2 chairs were observed to be available for staff to sit on during this meal in the room.</p> <p>In interview with the Administrator on 3-20-13 at 5:50 p.m., she indicated, "The staff shouldn't be standing to feed the residents. That's a dignity issue."</p> <p>In interview with the Administrator on 3-21-13 at 11:15 a.m., she indicated she could not locate the facility's policy regarding dining assistance, but did provide procedural information from The Indiana State Department of Health's Division of Long Term Care Nurse Aide Training Program Manual, July 1998, Topic 24.</p> <p>The Indiana State Department of</p>		<p>potential to be affected by the alleged deficient practice. No residents were negatively affected by the alleged deficient practice.</p> <p>What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>New tables were ordered on 3/21/13 which offers better access for staff to be able to assist residents in wheelchairs. The semi-circle tables will be removed once they arrive.</p> <p>C.N.A's will be reinserviced on ensuring dignity during the meal service through sitting at eye level on April 3, 2013.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur?</p> <p>The management team will observe during daily rounds to ensure the residents dignity is maintained during care. Observations of non-compliance will be immediately addressed with the staff member. Daily findings reported to the administrator during morning</p>				

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	Nurse Aide Training Program Manual, July 1998, indicates, under Topic 24, "Nutrition and Hydration...When feeding residents who cannot feed themselves...Sit at eye level with the resident..." 3.1-3(t)		stand-up meeting. (See Exhibit A). The administrator/designee will review all results of the audits at the quarterly Quality Assurance meeting with the Medical Director. What date the systemic changes will be completed? April 3, 2013				

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F000323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review, the facility failed to ensure sensor alarms care planned as fall prevention interventions were monitored on a routine basis for proper function and thus failed to function properly with falls, for 2 of 3 residents reviewed for falls in a sample of 5. (Residents #A and #C)</p> <p>Findings include:</p> <p>1. Resident #A's clinical record was reviewed on 3-19-13 at 11:11 a.m. His diagnoses included, but were not limited to, dementia, bipolar disorder, diabetes, high blood pressure and legally blind.</p> <p>A care plan for falls, dated 9-9-11, which identified Resident #A as at risk for falls related to history of falls and being legally blind, indicated an intervention for a "close call alarm" on the bed or wheelchair.</p> <p>In interview with a concerned community member on 3-20-13 at</p>	F000323	<p>F323</p> <p>The facility strives to maintain an environment as free of accident hazards as possible. Further we strive to provide adequate supervision and assistive devices to prevent accidents.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident A and Resident C care plans were reviewed and interventions found to be appropriate. Both residents' alarms were checked and found to be in proper working order.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</p> <p>All residents with alarms were</p>	04/01/2013	

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	<p>9:56 a.m., she indicated Resident #A had frequent falls at home, prior to being admitted to the facility.</p> <p>Review of a fall investigation, related to a fall which occurred on 1-30-13 at 4:00 p.m., indicated, "Alarm on, not sounding." The nursing notes associated with this fall, dated 1-30-13 at 4:00 p.m., indicated, "Pressure alarm in place, [symbol for not] working...and replaced alarm." Nursing notes indicated Resident #A sustained a skin tear to the left elbow which measured 2 centimeters (cm) by 0.2 cm as a result of rolling out of the bed onto the floor.</p> <p>2. The clinical record of Resident #C was reviewed on 3-20-13 at 2:10 p.m. Her diagnoses included, but were not limited to, dementia with behavioral disturbances, anxiety, diabetes, high blood pressure and osteoarthritis.</p> <p>A care plan for falls, dated 11-21-08, indicated the resident was at risk for falls related to previous falls and impulsive behaviors. This care plan had an added intervention, dated 5-11-10, for pressure alarms to the bed and wheelchair. Another added intervention on 12-2-11 was for a self-releasing alarming seat belt for the wheelchair.</p>		<p>observed on 3/20/13 to ensure all alarms were in proper working order. No others were found to be affected by the alleged deficient practice.</p> <p>What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Orders were added to the treatment records to include checking placement and function every shift. Batteries will be replaced monthly.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur?</p> <p>The director of nursing or designee will audit MAR/TAR's weekly to ensure compliance. Any non-deficient practice will be reported to the Administrator during stand-up meeting (see exhibit A).</p> <p>The Administrator will review findings (exhibit A) with the Medical Director during quarterly Quality Assurance.</p> <p>What date the systemic changes will be completed?</p>				

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	<p>In an interview with a concerned community member on 3-20-13 at 11:35 a.m., she indicated Resident #C had wheelchair alarms "for at least 3 years." She indicated Resident #C had a recent fall from the wheelchair in which the alarm did not sound.</p> <p>Review of a fall investigation, related to a fall which occurred on 3-6-13 at 7:15 a.m., indicated the seatbelt alarm was in place, but did not indicate it was working. This document indicated proposed interventions would be to check the seatbelt alarm function each shift. The nursing notes associated with this fall, dated 3-6-13 at 7:15 a.m., indicated, "Writer found res[ident] lying on her left side [on floor]...informed [name of family member] that belt alarm did not sound when belt was undone; assured [name of family member] that alarm had been changed and was functioning properly at this time." Nursing notes indicated Resident #C had no signs or symptoms of injury upon assessment by the licensed nurse.</p> <p>In interview with the Administrator on 3-21-13 at 9:07 a.m., she indicated, "It has been our expectation the staff,</p>		4/1/13				

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	<p>usually the CNAs, will make sure the light is on the alarm and it's functioning. We don't have a place on the MARS [Medication Administration Record] or TARS [Treatment Administration Record] to check off that the alarms have been checked."</p> <p>On 3-21-13 at 9:07 a.m., the Administrator provided a policy entitled, "Safety Alarm Devices," and indicated it was the current policy in use. This policy indicated, "It is the intent of the facility that the safety alarm devices are utilized when deemed appropriate by the careplan team, as an intervention to alert staff of an unassisted transfer to intervene for fall prevention...The safety device will be checked for proper functioning during care. Some alarms are equipped to 'beep' or have an indicator light when the battery needs replaced. Replace the battery when the appropriate indicator comes on or if alarm does not function when checked during care..."</p> <p>This Federal tag relates to Complaint IN00121479.</p> <p>3.1-45(a)(2)</p>			

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F000387 SS=D	<p>483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.</p> <p>A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. Based on interview and record review, the facility failed to ensure 1 of 3 residents reviewed for physician visits in a sample of 5 had timely visits conducted. (Resident #C)</p> <p>Findings include:</p> <p>The clinical record of Resident #C was reviewed on 3-20-13 at 2:10 p.m. It indicated she was admitted to the facility on 11-21-08 and her current diagnoses included, but were not limited to, dementia with behavioral disturbances, anxiety, diabetes, high blood pressure and osteoarthritis.</p> <p>In interview with a concerned community member on 3-20-13 at 11:35 a.m., she indicated Resident #C had a physician visit in August 2012 and was not seen again until around December 2012.</p> <p>Review of the attending physician visits for Resident #C for the past</p>	F000387	<p>F387 Frequency and Timeliness of Physician visits</p> <p>It is the practice of this facility to ensure residents are seen by a physician in accordance with state and federal regulations.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident C is current on physician visits. Last visit was March 18, 2013. This resident was identify in November 2012 as part of the facility's ongoing Quality Assurance program as being non-compliant in timely physician visits due to the daughter frequently canceling scheduled appointments. The facility had implemented an action plan to address the non-compliance which is providing to be working as evident the resident is currently in compliance with her physician</p>	04/01/2013	

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	<p>year indicated she had been seen on 4-17-12, 6-27-12, 8-27-12, 11-19-12 and 1-16-13. This indicated there were 84 days between the 8-27-12 visit and the 11-19-12 visit.</p> <p>In interview with the Administrator on 3-21-13 at 11:15 a.m., she indicated she could not locate the facility's policy regarding frequency of physician visits.</p> <p>3.1-22(d)(1) 3.1-22(d)(2)</p>		<p>visits.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</p> <p>All residents have been audited to ensure compliance with physician visit 3/29/13. No others have been found to be affected by the alleged deficient practice.</p> <p>What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Medical records will audit on a monthly basis to ensure timely physician visits.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur?</p> <p>Medical Records will report physician visits that are due to the administrator during daily stand-up meeting (see Exhibit A).</p> <p>The Administrator will review audit findings with the Medical Director during quarterly Quality</p>		

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			<p>Assurance Meeting.</p> <p>What date the systemic changes will be completed?</p> <p>April 1, 2013</p>	

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F000465 SS=D	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview and record review, the facility failed to ensure wheelchairs were maintained in a clean, sanitary and safe manner as evidenced by wheelchairs for 2 residents had significant amounts of debris in the seat of the wheelchair and one resident's armrests had significant cracks in the material. This affected 3 of 8 residents' wheelchairs reviewed for care and cleanliness of wheelchairs. (Residents #C, #D, and #E)</p> <p>Findings include:</p> <p>1. Resident #E's wheelchair was observed on 3-20-13 at 12:05 p.m. to have both armrests with cracks in the vinyl-like material. The vinyl-like material was not smooth when one's hand was swept over the armrests. In interview at this time, she indicated the sleeves of her clothing occasionally "catch" on the cracked armrest material. In interview on the same date at 4:20 p.m., she indicated she thought she had used the same wheelchair for approximately 2 years.</p>	F000465	<p>F465 Safe/Functional/Sanitary/Comfortable Environment</p> <p>The facility will provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident E's arm rest was replaced on 3/20/13. Resident C and D's wheelchair was cleaned on 3/20/13.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</p> <p>All resident wheelchairs were assessed on 3/21/13 and any found in need of repair was corrected at that time.</p> <p>All wheelchairs were cleaned on</p>	04/03/2013

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	<p>2. Resident #C's wheelchair was observed on 3-20-13 at 11:35 a.m. to have debris which appeared as light tan to white food crumbs in the seams of the seat, as well as some scattered about on the remaining portion of the seat. In interview with a concerned community member at this time, she indicated Resident #C's wheelchair "looks about the same as today [as has been since earlier in the month.] This has been an on-going problem." She indicated she had spoken to facility staff in regard to this issue of the wheelchair not being clean.</p> <p>On 3-21-12 at 9:07 a.m., the Administrator provided documentation which indicated Resident #C's wheelchair had been cleaned most recently on 3-15-13.</p> <p>3. Resident #D's wheelchair was observed on 3-20-13 at 3:23 p.m. to have the approximate 1/2 to 1 inch of seat space in front of the pressure-reducing cushion to be thickly covered in debris which appeared as dark brown food crumbs. In interview with Resident #D at this time, she indicated she did not think the wheelchair ever got cleaned, "unless State [Department of Health] is coming [for an inspection.]" She indicated she cleans the wheelchair</p>		<p>3/20/13.</p> <p>What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Maintenance will be inspecting resident care equipment quarterly to ensure no needed repairs are required.</p> <p>C.N.A.'s will be re-inserviced on the expectation of cleaning wheelchairs in accordance with shower schedule on April 3, 2013.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur?</p> <p>Director of Nursing or Designee will monitor to ensure compliance and report any deficient practice to the Administrator daily during morning stand-up meeting. (See exhibit A).</p> <p>The Administrator will review all findings with the Medical Director during quarterly Quality Assurance meetings.</p> <p>What date the systemic changes will be completed?</p> <p>April 3, 2013</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155209	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/21/2013
NAME OF PROVIDER OR SUPPLIER WATERS OF CLIFTY FALLS THE			STREET ADDRESS, CITY, STATE, ZIP CODE 950 CROSS AVE MADISON, IN 47250		
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	<p>seat herself.</p> <p>On 3-21-12 at 9:07 a.m., the Administrator provided documentation which indicated Resident #D's wheelchair had been cleaned most recently on 3-15-13.</p> <p>On 3-21-13 at 9:07 a.m., the Administrator provided a copy of a policy which was indicated as the current policy in force regarding cleaning of wheelchairs. It indicated, "It is the intent of the facility that wheelchairs are cleaned in accordance with the resident shower schedule...C.N.A. are to clean the wheelchair of resident on the daily shower schedule. Nurses will be responsible for ensuring completion of this responsibility. The Quality Assurance team will monitor during rounds quarterly."</p> <p>3.1-19(f) 3.1-19(bb)</p>				