

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155631	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/07/2016
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NAME OF PROVIDER OR SUPPLIER WHITE RIVER LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3710 KENNY SIMPSON LN BEDFORD, IN 47421
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: December 28, 29, 30, 31, 2015 and January 4, 5, 6, and 7, 2016.</p> <p>Facility number: 001153 Provider number: 155631 AIM number: 200155900</p> <p>Census bed type: SNF/NF: 51 Residential: 3 Total: 54</p> <p>Census payor type: Medicare: 3 Medicaid: 37 Other: 09 Total: 51</p> <p>White River Lodge was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regard to the Recertification and State Licensure Survey. This deficiency reflects State findings in accordance with 410 IAC 16.2-3.1.</p>	F 0000		

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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F 0278 SS=A Bldg. 00	<p>Q.R. completed by 14466 on January 12, 2016.</p> <p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on observation, interview, and</p>	F 0278	F278 The facility does perform	02/05/2016

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	<p>record review, the facility failed to ensure a resident's fragmented, missing and broken teeth was accurately reflected on the admission Minimum Data Set (MDS) assessment for 1 of 24 residents reviewed for MDS assessment accuracy. (Resident #51)</p> <p>Findings include:</p> <p>On 12/28/2015 2:53 p.m., Resident #51 was observed to have multiple missing and broken teeth.</p> <p>On 12/31/15 at 8:46 a.m., Resident #51 was observed to have broken, narrow and missing upper teeth. The teeth were discolored. Unable to observe bottom teeth at that time. Resident #51 indicated their teeth had been in bad condition for a long time. The teeth were broken, missing and thin before coming to the nursing home. "No dentist visit is needed."</p> <p>Resident #51's clinical record was reviewed on 12/30/15 at 11:04 a.m. Diagnoses included but, were not limited to: irritable bowel syndrome.</p> <p>The admission MDS dated 3/11/15, indicated Resident #51 had no broken natural teeth, nor tooth fragments. The significant change MDS dated 7/31/15,</p>				<p>assessments that accurately reflect the resident's status. A registered nurse coordinates the assessment with appropriate health professionals and her signature certifies the assessment is complete. The individuals completing a portion of the assessment sign and certify the accuracy of that portion.</p> <p>Resident #51 does have current assessment that identifies broken, narrow and missing teeth. She denies pain, difficulty chewing or desire to see a dentist at this time although offered and her family is supportive of this. Her plan of care was revised to reflect current assessment and preference.</p> <p>Appropriate health care professionals performing coding of MDS section L have reviewed RAI manual and coding that pertain to MDS 3.0. All residents potentially affected have had audit with no negative findings.</p> <p>The D.O.N./designee will audit various sections of MDS for coding accuracy on 100% of all MDS's submitted monthly. The results of the audit will be reported in monthly QAPI until no negative findings achieved for 3 months and ongoing as needed.</p> <p>I am requesting paper compliance.</p>		

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	<p>indicated broken or loosely fitting full or partial denture. The current quarterly MDS dated 10/2/15, indicated Resident #51 was interviewable, but mildly impaired cognitively.</p> <p>The nursing admission assessment dated 2/27/15, indicated Resident #51 had own teeth with several fillings, missing several teeth on bottom, front teeth worn down and missing right upper.</p> <p>The Brief Oral Health Status Examination Assessment Tool (BOHSE) dated 5/18/15 and 9/30/15, indicated "...Condition of Natural Teeth ... [Significantly Problematic] ... 4 or more decayed or broken teeth ..."</p> <p>The Brief Oral Health Status Examination Assessment Tool (BOHSE) dated 12/9/15, indicated "...teeth are worn-front-several missing from lower back R [right] upper ..."</p> <p>The current dental care plan dated 12/17/15 through 3/17/16, indicated "Problem: Potential for alteration in Dental Status ...RELATED TO: some worn natural teeth...."</p> <p>On 1/4/16 at 12:25 p.m., an interview with the MDS coordinator indicated, on admission Resident #51 had worn teeth</p>			

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R 0000 Bldg. 00	<p>no broken natural teeth. "I guess I missed that." The MDS coordinator indicated the significant change MDS dated 7/31/15, was completed by another staff member and she (MDS coordinator) was not sure why the MDS was coded differently.</p> <p>On 1/4/16 at 12:35 p.m., an interview with the Administrator (ADM) indicated, Resident #51 had broken teeth on assessment therefore a significant change MDS was created. "Her teeth were like that when she came [broken]."</p> <p>3.1-31(i)</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Residential Census: 3 Sample: 3</p> <p>White River Lodge was found to be in compliance with 410 IAC 16.2-5 in regard to the State Licensure Survey.</p> <p>Q.R. completed by 14466 on January 12, 2016.</p>	R 0000		

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

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