

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155238	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/18/2015
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NAME OF PROVIDER OR SUPPLIER WATERS OF YORKTOWN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 S ANDREWS RD YORKTOWN, IN 47396
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F 0000 Bldg. 00	<p>This visit was for the investigation of Complaint IN00175329.</p> <p>Complaint IN00175329 Substantiated.Federal/State deficiencies related to the allegation are cited at F278 and F356.</p> <p>Survey dates: June 17 & 18, 2015</p> <p>Facility number: 000143 Provider number: 155238 AIM: 100283890</p> <p>Census bed type: SNF/NF: 65 Total: 65</p> <p>Census payor type: Medicare: 5 Medicaid: 41 Other: 19 Total: 65</p> <p>Sample: 10</p> <p>These deficiencies reflect State finding cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		
F 0278	483.20(g) - (j)			

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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SS=D Bldg. 00	<p>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 interview and record review, the facility failed to ensure that the Minimum Data Set assessment was accurate related to pressure ulcer, urinary tract infection, fall with major injury, and medication assessments for 1 of 1 residents reviewed for pressure ulcers, 1 of 2 residents reviewed for urinary tract infection, 1 of 1 residents reviewed for</p>	F 0278	It is the intent of The Waters of Yorktown to ensure that all resident assessments are coded accurately and reflect the resident's status.1. The assessments for residents #3001, 3003, 3004 and 3007 have been modified and coded to accurately reflect the resident's status2. No residents were directly affected. MDS assessments that support	06/26/2015

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	<p>fall with major injury, and 1 of 5 residents reviewed for medication in a sample of 10. (Residents #3001, 3003, 3004 and 3007)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #3001 was reviewed on 6/17/2015 at 2:30 p.m. Diagnoses included, but were not limited to, paraplegia, anemia, and chronic kidney disease.</p> <p>The quarterly Minimum Data Set (MDS) assessment, with reference date 4/08/2015, indicated the resident had one pressure ulcer. The pressure ulcer was coded as a Stage 3 that measured 7.5 centimeters (cm) long by 2.4 cm wide with a depth of 1.0 cm. The Wound Assessment, dated 4/6/2015, indicated the Stage 3 pressure ulcer measured 2.0 cm long by 0.7 cm wide with a depth of 0.1 cm.</p> <p>During an interview on 6/17/2015 at 4:50 p.m., the MDS Coordinator indicated the 4/6/2015 Wound Assessment should have been used to code the quarterly assessment of 4/8/2015. The MDS Coordinator indicated the quarterly assessment for Resident #3001 was not coded accurately.</p>		<p>the MDS for coding of wounds, antipsychotic medications and UTI's have been audited by the MDS Coordinator and modified to ensure accurate coding.3. An audit tool has been implemented to ensure accurate documentation is used on each assessment. The MDS Coordinator and Director of Nursing will complete audits weekly on each assessment.4. The Quality Assurance Committee will oversee MDS Coordinator and Director of Nursing audits to verify completion on a monthly basis.</p>	

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	<p>2. The clinical record for Resident #3007 was reviewed on 6/18/2015 at 8:40 a.m. Diagnoses included, but were not limited to, deep vein thrombosis, cerebral vascular accident, and dementia.</p> <p>The admission and prospective payment system (PPS) 5-day Minimum Data Set(MDS) assessment, with reference date 4/14/2015, was coded five for the number of injections from 4/8/2015 through 4/14/2015. The medication administration record indicated the resident received six injections of Lovenox 30 milligrams (anticoagulant) subcutaneous daily at 8:00 a.m. from 4/8/2015 through 4/14/2015.</p> <p>During an interview on 6/18/2015 at 9:45 a.m., the MDS Coordinator indicated the admission and PPS 5-day assessment for Resident #3007 was not coded accurately.</p> <p>3. The clinical record for Resident #3003 was reviewed on 6/18/2015 at 9:20 a.m. Diagnoses included, but were not limited to, anemia, pancreatic cancer, and dementia.</p> <p>The quarterly Minimum Data Set (MDS) assessment, with reference date 3/24/2015, was not coded for urinary tract infection. Clinical record indicated</p>			

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F 0356 SS=C Bldg. 00	<p>the resident had a significant laboratory finding on 3/3/2015, a physician diagnosis of urinary tract infection, and signs and symptoms attributed to urinary tract infection. The resident was treated for the urinary tract infection with an antibiotic. 4. The record for Resident #3004 was reviewed on 6/17/2015 at 3:00 p.m. Diagnoses included, but were not limited to, osteoporosis, hip fracture, and dementia.</p> <p>The discharge Minimum Data Set (MDS) assessment, with reference date 4/8/2015, indicated the resident had not had any fall since the prior assessment. The clinical record indicated the resident had a fall on 4/8/2015.</p> <p>During an interview on 6/18/2015 at 2:27 p.m., the MDS Coordinator indicated the 4/8/2015 discharge assessment was not coded accurately.</p> <p>This Federal tag relates to complaint IN00175329.</p> <p>3.1-31(i)</p> <p>483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis:</p>			
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	<p>o Facility name.</p> <p>o The current date.</p> <p>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:</p> <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. <p>o Resident census.</p> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>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>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, record review, and interview, the facility failed to ensure that the posted nursing staffing information included the hours worked for licensed and unlicensed direct care staff.</p> <p>Finding includes:</p> <p>On 6/17/2015 at 9:28 a.m., the nursing staffing sheet was observed posted in</p>	F 0356	It is the policy of The Waters of Yorktown to ensure that proper posting of nursing staff responsible for resident care is completed daily.1. On June 17, 2015 a new form was created per regulation guidelines and given to the surveyor.2. All residents had the potential to be affected. All licensed staff in-serviced on 6-26-15 on completion of form at beginning of each shift.3.	06/26/2015

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	<p>the nurses' station on the west wall. The information posted did not include the total number of hours worked by registered nurses, licensed practical nurses, qualified medication aides and certified nurse aides for the 6 a.m. to 2 p.m. shift, the 2 p.m. to 10 p.m. shift, and the 10 p.m. to 6 a.m. shift.</p> <p>The facility nursing staffing sheets for the past eighteen months were reviewed on 6/17/2015 at 12:15 p.m. The information on the sheets did not include the total number of hours worked by registered nurses, licensed practical nurses, qualified medication aides and certified nurse aides for the 6 a.m. to 2 p.m. shift, the 2 p.m. to 10 p.m. shift, and the 10 p.m. to 6 a.m. shift.</p> <p>During an interview on 6/17/2015 at 10:40 a.m., the Administrator indicated that the hours worked by registered nurses, licensed practical nurses, qualified medication aides and certified nurse aides were not included on any of the nursing staffing sheets.</p>		Assistant Director of Nursing will monitor daily sheets for completion, accuracy and retention of forms.4. The Quality Assurance Committee will oversee the Assistant Director of Nursing to ensure completion and accuracy on a monthly basis.		