

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155280	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/30/2015
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NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR THE	STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018
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F000000	<p>This visit was for the Investigation of Complaint IN00163414.</p> <p>Complaint IN00163414 - Substantiated. Federal/State deficiencies related to the allegations are cited at F325.</p> <p>Survey date: January 30, 2015</p> <p>Facility number: 000178 Provider number: 155280 AIM number: 100273840</p> <p>Survey team: Jennifer Carr, RN - TC</p> <p>Census bed type: SNF/NF: 105 Total: 105</p> <p>Census payor type: Medicare: 17 Medicaid: 71 Other: 17 Total: 105</p> <p>Sample: 3</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>Enclosed, please find the plan of correction for the Waters of Dillsboro/Ross Manor for complaint IN00163414 on January 30, 2015. We respectfully request a desk review for this survey. Please review our plan of correction and accept this as our proof of compliance. Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</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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F000325 SS=D	<p>Quality Review completed on February 6, 2015, by Brenda Meredith, RN.</p> <p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. Based on interview and record review, the facility failed to identify significant weight loss (Resident A) and provide weekly weights as ordered (Resident B) for two nutritionally at-risk residents for 2 of 3 residents reviewed for weight loss.</p> <p>Findings include:</p> <p>1. Resident A's closed record was reviewed on 1/30/2015 at 12:05 p.m. Diagnoses included, but were not limited to, senile dementia with behavior disturbance, diabetes, and a history of dehydration.</p> <p>Annual Minimum Data Set (MDS) assessment, dated 11/30/2014, indicated</p>	F000325	<p>A: ACTIONS TAKEN: 1. Resident A is no longer a resident. 2. Resident B was weighed immediately and placed on weekly weights per MD orders. Family and MD were notified of weekly weights. 3. Care plan was updated. B: OTHERS IDENTIFIED: 1.100% audit of all residents to ensure correct weights, i.e. daily, weekly or monthly weights were being obtained as MD ordered. 2. None others identified. C: MEASURES TAKEN: 1. Nurses and CNA's inserviced on importance of accurate and timely weights. 2. Dietary to notify DON/Designee if weights are not done as ordered. 3. Administrator/Designee will review all weights in weekly SWAT</p>	02/17/2015

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	<p>the resident's cognitive skills for daily decision making were severely impaired. The resident required extensive, 1 person physical assist for eating. Her height was 64 inches and her weight was 144 pounds. She received a pureed, mechanically altered diet.</p> <p>Care Plans included, but were not limited to, "Focus: The resident has unplanned/unexpected weight loss r/t [related to] poor food intake. Goal: ...Will maintain current wt [weight]. Interventions: ...If weight decline persists, contact physician and dietitian immediately....Monitor and evaluate any weight loss. Determine percentage lost and follow facility protocol for weight loss....monthly weights...."</p> <p>Hospital Admission Records for Resident A, dated 1/20/2015, indicated, "Reason for visit: dehydration, anorexia, hypernatremia....History of Present Illness indicated, "...The patient presents because she is not eating real well. The patient was found in the E.R. [Emergency Room] to be on the dry [dehydrated] side and was admitted for rehydration...."</p> <p>Physician's Orders and Medication Administration Records (MARs) for 11/2014, 12/2014, and 1/2015 indicated no evidence that Resident A received any</p>		<p>(skin,weights,assessment,team) for compliance and accuracy. 4. Any weights found to be missed will be immediately obtained that day. 5. Any significant weight loss or trending will be immediately reported to MD, family and RD. D: HOW MONITORED: 1.IDT will review any significant weight loss after weekly SWAT and review any new orders. 2.DON/Designee will audit new orders , 1 X WK X 4WKS and ongoing to ensure compliance with any new weight orders and MD and family notifications. 3. Dietary Manager/Designee will audit all wklly/monthly weights 1Xwk and ongoing to ensure timely and accurate weights. 4. Dietary Manager/Designee will bring all audits to daily IDT meeting for review. 5. Administrator/Designee will review all audits at daily IDT meeting for compliance and immediately address any problems. 6. RD will review all significant weight changes that the SWAT has identified during visits. Recommendations will be reviewed by SWAT and MD/Family notified. Care plans updated. 7. Any concerns discovered during the auditing process will be addressed/corrected as found. 8. All reviews/audits will be reviewed with IDT in monthly, quarterly QA, Quarterly and PRN care plans for ongoing monitoring and actions. 9. Random</p>		

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	<p>dietary/weight supplements to aid in weight gain.</p> <p>Monthly Weight Records for Resident A indicated the following:</p> <p>9/2014: 150.2 pounds 10/2014: 149.6 pounds 11/2014: 144.2 pounds 12/2014: 145.2 pounds 1/2015: 137.6 pounds</p> <p>There was no evidence that the physician was notified of Resident A's significant weight loss.</p> <p>Nurses Notes, dated 1/11/2015, indicated, "Resident continues to refuse meals.... [physician] notified of poor appetite."</p> <p>Nurses Notes, dated 1/15/2015, indicated, "...Appetite remains poor...."</p> <p>Nurses Notes, dated 1/16/2015, indicated, "...Continues to refuse food and is refusing fluids at this time letting it run out of her mouth. [Physician] notified."</p> <p>Nurses Notes, dated 1/17/2015, indicated, "...refuses to eat food...."</p> <p>Nurses Notes, dated 1/19/2015, indicated, "...Appetite remains poor....[Physician] visited new order for Megace [appetite</p>		monitoring will continue ongoing.	

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	<p>stimulant] 400 mg [milligrams] qd [daily]."</p> <p>Physician's Progress Notes, dated 11/6/2014, 12/4/2014, 1/7/2015, 1/14/2015 and 1/15/2015, indicated no evidence that Resident A's weight loss was addressed.</p> <p>Physician's Progress Notes, dated 1/19/2015, indicated, "...[down arrow] appetite. Trial of Megace."</p> <p>The most recent Registered Dietitian Assessment, dated 11/3/2014, indicated, "...Weight fluctuation noted but not significant...No recs [recommendations]."</p> <p>The current Weights Policy and Procedure was provided by the Director of Nursing (DON) on 1/30/2015 at 10:14 a.m. The Policy indicated, "All residents are weighed upon admission and monthly thereafter to establish weight pattern and monitor for changes." The Procedure included, but was not limited to, "...4. Those with significant weight changes will be reweighed...6. Weight gain or loss of 5% in one month should be reported to the physician. 7. The Nutrition/Hydration monitoring committee will determine which residents are to be weighed more</p>			

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	<p>frequently than monthly, based on the review of monthly weights.</p> <p>The Assistant Director of Nursing (ADON) was interviewed on 1/30/2015 at 2:00 p.m. She indicated that all monthly weights are to be done by the 7th of each month and exact dates are not required to be noted on the weight sheets. Regarding the weight discrepancy between December, 2014 and January, 2015 (7.6 pounds), the ADON indicated, "It [weight] should have been re-checked.... We have a meeting every Thursday [when we review weights]. Dietary goes through the weights...we would decide to put them on weekly weights...we would let [Registered Dietitian] know and we may get an order for [a dietary supplement]."</p> <p>The current "Weight Assessment and Intervention Policy and Procedure was provided by the ADON on 1/30/2015 at 3:28 p.m. The Policy indicated, "Multidisciplinary team will strive to prevent, monitor, and intervene for the undesirable weight loss of elders...." Procedure indicated, "Any weight change of 5% or more since the previous weight assessment shall be re-taken the next day to confirm...."</p> <p>2. Resident B's clinical record was</p>						

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	<p>reviewed on 1/30/2015 at 11:20 a.m. Diagnoses included, but were not limited to, advanced dementia, diabetes, hypertension, and syncope.</p> <p>Quarterly Minimum Data Set (MDS) assessment, dated 12/29/2014, indicated the resident's cognitive skills for daily decision making were severely impaired. The resident required extensive, 1 person physical assist for eating. Her height was 64 inches and her weight was 167 pounds. She received a regular diet.</p> <p>Care Plan, last revised 10/13/2013 with a target date of 4/7/2015, indicated, "Focus: Potential for weight loss R/T [related to]: fatigue, dementia, memory loss. Goal: Will have no weight loss TNR [through next review]. Interventions: ...obtain weight q [every] month...."</p> <p>Registered Dietitian Assessment, dated 1/9/2015, indicated, "...Resident continues DIET: REGULAR. 7% Weight loss in 60d [days]. Weight one year ago 188# [pounds]...."</p> <p>Physician's Progress Notes, dated 1/7/2015, indicated, "...4. Wt. [weight] loss - cont. [continue] with current meds + [and] monitor weekly wts [weights]...."</p>			

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	<p>Monthly Weight Records for Resident B indicated the following:</p> <p>9/2014: 180.0 pounds 10/2014: 179.4 pounds 11/2014: 167.4 pounds 12/2014: 154.4 pounds 1/2015: blank (observed LPN # 1 write to indicate "171.6" on 1/30/2015 at 11:34 a.m.)</p> <p>On 1/30/2015 at 11:24 a.m., the January, 2015 space under the "Weights" column was blank, with "207.6" observed in the far left margin near Resident B's name.</p> <p>LPN #1 was interviewed on 1/30/2015 at 11:25 a.m. She indicated, "She's [Resident B] been using a wheelchair lately." LPN # 1 referred to a list inside the front cover of the Weight Log indicating which residents had wheelchairs and how much each wheelchair weighed. Resident B was not listed. LPN #1 indicated, "I need to weigh her wheelchair and deduct that." LPN # 1 returned 9 minutes later and was observed writing "171.6" to indicated Resident B's January, 2015 weight. She indicated she came to that figure by deducting the weight of Resident B's wheelchair from the "207.6" written in the far left margin near Resident B's name.</p>			
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	<p>LPN # 1 indicated that Resident B did not have weekly weights ordered and indicated the individual Weight Management Weekly Weights flow sheets for residents on that unit. She indicated, "The DON and Dietary Manager let us know [which residents require weekly weights] and they put a page in the book [indicating the individual Weight Management Weekly Weights flow sheets]." LPN #1 shook her head, indicating 'No' when queried as to whether Resident B had been receiving weekly weights, if the resident had a weekly weight flow sheet in the weight book, or if the 1/7/2015 Physician's Orders for weekly weights had been relayed to care staff.</p> <p>On 1/30/2015 at 1:25 p.m., the DON indicated, "I think it's my fault [that Resident B was not receiving weekly weights]...I just missed it."</p> <p>On 1/30/2015 at 1:27 p.m., the ADON indicated, "...I do feel like weights are a struggle."</p> <p>O 1/30/2015 at 4:31 p.m., the ADON was interviewed regarding Resident B's weight discrepancy from December, 2014 to January, 2015. She indicated, "So this is an error 100%...that definitely should</p>			
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	<p>have been re-checked." The ADON was observed writing "167.4" to indicate Resident B's actual current weight, indicating she had just returned from weighing Resident B.</p> <p>This Federal Tag relates to the Investigation of Complaint IN00163414.</p> <p>3.1-46(a)(1)</p>				