

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 07/03/2013
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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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F000000	<p>This visit was for the Investigation of Complaint IN00131095 and Complaint IN00131937.</p> <p>Complaint IN00131095 - Substantiated. Federal/State deficiencies related to the allegations are cited at F159, F160, and F161.</p> <p>Complaint IN00131937 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157.</p> <p>Survey dates: July 2 and 3, 2013</p> <p>Facility number: 000143 Provider number: 155238 AIM number: 100283890</p> <p>Survey team: Betty Retherford RN, TC Shelley Reed RN (July 2, 2013)</p> <p>Census bed type: SNF/NF: 73 Total: 73</p> <p>Census payor type: Medicare: 7 Medicaid: 51 Other: 15</p>	F000000	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 excuted in compliance with state and federal laws. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is August 2, 2013.	

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: 73</p> <p>Sample: 13</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed by Debora Barth, RN.</p>				

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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the physician was aware of a resident's continued weight loss for 1 of 3 residents reviewed for physician notification of weight loss in a</p>	F000157	It is the intent of this facility to ensure physician notifications are made related to resident weight loss. 1. Corrective action for affected resident Resident #L's physician was notified of weight	08/02/2013			

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	<p>sample of 13. (Resident #L)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #L was reviewed on 7/3/13 at 11:25 a.m.</p> <p>Diagnoses for the resident included, but were not limited to, cerebrovascular accident, Parkinson's disease, and hypertension.</p> <p>An annual minimum data set assessment, dated 5/16/13, indicated the resident was severely cognitively impaired and required the assistance of the staff for eating.</p> <p>A health care plan problem, dated 2/24/13, indicated the resident was at risk for weight loss related to Parkinson's disease, anemia, coronary artery disease, diabetes mellitus, depression, hypothyroidism, and aphasia. One of the approaches for this problem was for the staff to monitor weights per facility protocol and notify the doctor and family as indicated.</p> <p>The monthly weight record for Resident #L indicated the resident weighed 196.2 pounds on January 11, 2013. The record indicated the resident lost weight each month and weighed 181.4 on April 1,</p>		<p>loss and this notification was documented in the nursing notes.</p> <p>2. Other residents with potential to be affected: Audit completed for all residents identified with significant weight loss - MD notifications completed and documented in the nursing notes as needed by DON/designee.</p> <p>3. Measures to prevent reoccurrence Licensed Nurses in-serviced and re-educated to facility policy in regards to MD notification for resident weight loss and this notification being documented in the nurses notes. DON/designee to review the 24 hour report and the clinical record daily for residents showing a weight loss to ensure MD notification is occurring and being documented.</p> <p>4. Monitoring of corrective action to ensure the practice will not recur: The Don/designee will complete a monthly summary audit to be presented to the monthly QA Committee related to MD notification for weight loss. Administrator/designee to review the monthly summary audit tool in the monthly QA meeting and in the quarterly QA meeting.</p> <p>5. Date completed: 8/2/2013</p>		

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	<p>2013. The clinical record indicated the physician was made aware of the resident's weight loss via a fax sent on April 11, 2013. The nursing notes lacked any information related to a physician response to the fax. No new orders were received.</p> <p>The monthly weight record indicated the resident weighed 174.8 pounds on May 3, 2013. This indicated an additional loss of 6.6 pounds in one month and a total weight loss of 21.4 pounds in 4 months (10.9%). The clinical record lacked any information related to the physician having been made aware of the continued weight loss.</p> <p>The last recorded weight for the resident was 175.8 on June 3, 2013. This indicated the resident had lost a total of 20.4 pounds in 5 months (10.4%). The clinical record lacked any information related to the physician having been made aware of the resident's weight loss from April 11, 2013 through July 3, 2013.</p> <p>Physician progress notes, dated 4/25/13 and 6/25/13, lacked any information related to the physician being aware of the resident's weight loss.</p> <p>During an interview on 7/3/13 at 3:20 p.m., the Director of Nursing indicated</p>			

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	<p>she had no information to provide relating to physician notification of the resident's weight loss.</p> <p>This federal tag relates to Complaint number IN00131937.</p> <p>3.1-5(a)(2)</p>			

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F000159 SS=D	<p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that</p>			

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	<p>receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>Based on record review and interview, the facility failed to ensure resident fund accounts in excess of \$50 had their individual interest deposited in their resident fund account for 2 of 4 residents reviewed for management of personal funds in a sample of 13. This had the potential to affect 64 or 64 residents who had resident fund accounts managed by the facility.</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #C was reviewed on 7/2/13 at 9:40 a.m.</p> <p>Review of a "Trust Register" resident fund statement account, dated from 3/7/13 through 6/21/13, indicated Resident #C had a balance of \$765.05 on 3/7/13 and an ending balance of \$1002.22 on 6/21/13.</p> <p>The resident fund statement lacked any record of interest having been deposited into the resident's individual account.</p> <p>During an interview with the</p>	F000159	<p>It is the intent of this facility to ensure each resident's fund account in excess of \$50 have interest posted to their resident fund account. 1. Resident #C and resident #B had interest posted to their individual resident fund account. 2. 100% audt of individual resident trust accounts completed - interest allocated to all accounts with a balance of \$50 or greater. 3. Measures to prevent reoccurrence: Business Office Manager/designee to complete a quarterly audit of resident trust statements to ensure interest is allocated per policy. 4. Monitoring of corrective action to ensure the practice will not recur: Administrator/designee to review the quarterly audit in the quarterly QA meeting. 5. Date the systemic changes will be completed: August 2, 2013</p>	08/02/2013	

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	<p>Administrator and Business Office Manager on 7/3/13 at 3:25 p.m., they indicated the resident fund bank account which contained the total of all the resident funds accounts had earned interest for the time period noted above. They indicated the individual interest for each resident had not been calculated and put into each resident's personal account. They indicated this task had not been completed in accordance with facility practice.</p> <p>2.) The clinical record for Resident #B was reviewed on 7/2/13 at 9:25 a.m.</p> <p>Review of a "Trust Register" resident fund statement account, dated from 3/7/13 through 6/18/13, indicated Resident #C had a balance of \$435.08 on 3/7/13 and an ending balance of \$376.78 on 6/18/13.</p> <p>The resident fund statement lacked any record of interest having been deposited into the resident's individual account.</p> <p>During an interview with the Administrator and Business Office Manager on 7/3/13 at 3:25 p.m., they indicated the resident fund bank account which contained the total of all the resident funds accounts had earned interest for the time period noted above. They indicated the individual interest for</p>						

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	<p>each resident had not been calculated and put into each resident's personal account. They indicated this task had not been completed in accordance with facility practice.</p> <p>3.) Review of the undated current facility policy, titled "Delegation of Responsibility for the Management of Personal Funds", provided by the Business Office Manager on 7/2/13 at 10:40 a.m., included, but was not limited to, the following:</p> <p>"...Interest Policy</p> <p>All funds in excess of \$50 will be maintained in an interest-bearing account at a local bank. The bank may make a service charge for this service which will reduce the interest earned. Interest earned will be applied pro-rata to resident's accounts...."</p> <p>This federal tag relates to Complaint number IN00131095.</p> <p>3.1-6(c)</p>				

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F000160 SS=D	<p>483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH</p> <p>Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.</p> <p>Based on record review and interview, the facility failed to ensure personal funds deposited with the facility were conveyed to the individual or probate jurisdiction administering the resident's estate within 30 days of the resident's death for 2 of 3 residents reviewed who had expired at the facility and who had resident fund accounts in a sample of 13. This had the potential to affect 64 or 64 residents who had resident fund accounts managed by the facility.</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #D was reviewed on 7/3/13 at 10:15 a.m.</p> <p>The clinical record indicated the resident expired at the facility on 4/22/13.</p> <p>During an interview with the Administrator and Business Office Manager on 7/3/13 at 3:20 p.m., they indicated Resident #D had a resident fund account with the facility and expired on 4/22/13. They indicated the resident had</p>	F000160	<p>It is the intent of this facility to ensure personal funds deposited with the facility are conveyed to the individual or probate jurisdiction administering the resident's estate within 30 days of the resident's death. 1. Corrective action for affected residents: In regards to resident #D the resident funds were conveyed back to medicaid 7/2/13. In regards to resident #E the resident funds were conveyed back to medicaid 7/2/13. 2. Other residents with potential to be affected: 100% audit of resident's with a discharge date greater than or equal to 30 days completed, personal funds were conveyed to the individual or probate jurisdiction administering the resident's estate as needed. 3. Measures to prevent reoccurrence: Business Office Manager/designee to complete a weekly audit of discharged residents to ensure personal funds are conveyed to the individual or probate jurisdiction administering the resident's estate. 4. Monitoring of corrective action to ensure the practice will not recur:</p>	08/02/2013			

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	<p>a balance of \$1023.86 in her account. They indicated this money was held by the facility and not been conveyed back to the Medicaid Department until 7/2/13. (A time period of 71 days.) They indicated the resident fund money had been held until the resident's final bill had been paid by Medicaid in June 2013.</p> <p>2.) The clinical record for Resident #E was reviewed on 7/3/13 at 11:55 a.m.</p> <p>The clinical record indicated the resident expired at the facility on 3/15/13.</p> <p>During an interview with the Administrator and Business Office Manager on 7/3/13 at 3:20 p.m., they indicated Resident #E had a resident fund account with the facility and expired on 3/15/13. They indicated the resident had a balance of \$129.89 in her account. They indicated this money was held by the facility and not conveyed back to the Medicaid Department until 7/2/13. (A time period of 109 days.) They indicated the resident fund money had been held pending final Medicaid payment of her outstanding balance which had not yet occurred.</p> <p>This federal tag relates to Complaint number IN00131095.</p>		<p>Administrator/designee to review the audit tool weekly and quarterly in the QA meeting. 5. Date the systemic changes will be completed: August 2, 2013</p>				

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F000161 SS=E	<p>483.10(c)(7) SURETY BOND - SECURITY OF PERSONAL FUNDS</p> <p>The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility.</p> <p>Based on record review and interview, the facility failed to ensure the surety bond purchased by the facility for the resident fund account was high enough to maintain the security of all the the personal funds deposited in the account managed by the facility. This had the potential to affect 64 or 64 residents who had personal fund accounts managed by the facility.</p> <p>Findings include:</p> <p>Review of the "Patient Trust Account" (resident fund account) bank statement for the month of May 2013, provided by the Business Office Manager on 7/2/13 at 10 a.m., indicated the following:</p> <p>The account had a balance of \$19,191.55 on 5/2/13.</p> <p>The highest balance in the account was \$55,231.37 on 5/3/13.</p> <p>The ending balance on 5/31/13 was \$26,155.57.</p> <p>During a review of the current Surety</p>	F000161	<p>The facility respectfully request Informal Dispute with respect to F 161. The facility request a decrease in severity of the finding.It is the intent of this facility to ensure the surety bond purchased for the resident fund account is high enough to maintain the security of all the personal funds deposited in the account managed by the facility.</p> <p>1. Corrective action for affected residents: The surety bond for the resident trust account was increased to provide security of all resident personal funds deposited. 2. Other residents with potential to be affected: All residents with personal trust accounts had the potential to be affected. 3. Measures to prevent reoccurrence: Business Office Manager to review monthly resident trust bank statement to ensure account balance is protected by the amount of the surety bond. 4. Monitoring of corrective action to ensure the practice will not recur: Administrator/designess will review the monthy resident trust bank statement to ensure coverage with surety bond and increasing amount of surety bond</p>	08/02/2013			

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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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	<p>Bond for the patient trust fund account, with an effective date of 11/1/12, provided by the Business Office Manager on 7/2/13 at 10:40 a.m., the amount of the surety bond was noted to be \$20,000.</p> <p>During an interview with the Administrator on 7/3/13 on 10:30 a.m., additional information was requested related to the amount of the surety bond being lower that the amount of funds in the resident fund account. The Administrator indicated she had just became aware of this and the amount of the bond was going to be increased.</p> <p>This federal tag relates to Complaint number IN00131095.</p> <p>3.1-6(j)</p>		as needed. 5. Date systematic changes will be completed August 2, 2013		