

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2015
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NAME OF PROVIDER OR SUPPLIER WATERS OF PRINCETON, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 W VINE ST PRINCETON, IN 47670
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00180564, Complaint IN00183680, and Complaint IN00184240.</p> <p>Complaint IN00180564 - Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00183680 - Substantiated, no deficiencies related to the allegations are cited.</p> <p>Complaint IN00184240 - Substantiated, Federal/State deficiencies are cited at F157.</p> <p>Survey dates: October 20, 26, and 27, 2015</p> <p>Facility number: 000175 Provider number: 155275 AIM number: 100274440</p> <p>Census bed type: SNF/NF: 66 Total: 66</p> <p>Census payor type: Medicare: 6 Medicaid: 52 Other: 8</p>	F 0000		
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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 0157 SS=D Bldg. 00	<p>Total: 66</p> <p>Sample: 8</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by #02748 on October 27, 2015</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the</p>			

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	<p>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 interview and record review, the facility failed to ensure the physician and family was notified of residents' weight loss, for 2 of 3 residents reviewed</p>	F 0157	<p>Deficiency ID: F_0000</p> <p>Completion Date: 11-26-2015 12:00:00 AM</p> <p>Plan of Correction Text:</p>	11/26/2015

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	<p>with weight loss, in a sample of 8. Residents B and H</p> <p>Findings include:</p> <p>1. The clinical record of Resident B was reviewed on 10/26/15 at 9:05 A.M. Diagnoses included, but were not limited to, Diabetes Mellitus and unspecified dementia.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 3/16/15, indicated the resident scored a 3 out of 15 for cognition, with 15 indicating no memory impairment. The resident's weight was 196 pounds.</p> <p>A Nutritional Risk Quarterly Review, dated 7/16/15, indicated, "...Current weight 163...Resident receives general purée with thin liquid [sic] as ordered. Tolerates diet well with no problem swallowing noted. Feeds self in dining [sic] hall after set up...Will continue current POC [plan of care] will continue to follow."</p> <p>A quarterly MDS assessment, dated 7/17/15, indicated the resident's weight was 163 pounds. The MDS assessment indicated, "Loss of 5% or more in the last month or loss of 10% or more in last 6 months, Yes, not on physician-prescribed</p>		<p>Deficiency ID: F_0157</p> <p>Completion Date: 11/26/2015 12:00:00 pm</p> <p>Plan of Correction Text:</p> <p>Preparation and / or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of 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> <p>Facility is requesting paper compliance for all deficiencies in this POC.</p> <p>F-157D Notify of Changes (injury / decline / room / etc.)</p> <p>1) Resident B's family and M.D. Resident H's family and M.D. are now aware of the weight losses .</p> <p>2) Residents who reside in the facility have the potential to be affected by this finding.</p> <p>Going forward, at the weekly SWAT (Skin-Weight-Assessment-Team)</p>	

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	<p>weight loss regimen."</p> <p>The resident's weight was documented as 154.4 pounds in September 2015, and 146.2 pounds in October 2015.</p> <p>Documentation regarding family or physician notification of the resident's weight loss was not found in the clinical record.</p> <p>On 10/27/15 at 10:45 A.M., during an interview with the Administrator and Director of Nursing (DON), the DON indicated she was unable to find documentation in which the physician and family were notified of the resident's weight loss.</p> <p>2. The closed clinical record of Resident H was reviewed on 10/26/15 at 2:10 P.M. Diagnoses included, but were not limited to, dementia.</p> <p>An admission MDS assessment, dated 5/1/15, indicated the resident had a short-term and long-term memory problem, and was severely impaired in cognitive skills for daily decision making. The resident's weight was 171 pounds.</p> <p>A Dietary Note, dated 6/17/15, indicated, "Resident receives general regular diet</p>		<p>meetings all weight changes will be addressed and discussed by the SWAT Team members. This includes the DON / ADON, Dietary Manager, RD (if applicable), MDS Coordinator, Social Services, Director / Designee and others. Care plans will be reviewed and revised as needed. At that time, notifications will be reviewed to ensure they took place to all appropriate parties as stated and completed in the 60 day "look back" audit. Any resident who has a change in their condition as defined in Federal Guideline 157 including but not limited to a change in physical, mental or psychological status.</p> <p>3) The DON / Designee will monitor the 24 Hour Report as well as the shift to shift reports daily to identify any changes of condition. Those identified changes will be reviewed daily at the CQI meetings. Any needed notifications will be made at this time. This monitoring will be ongoing.</p> <p>At in-services held between 10-27-2015 and 11-15-2015 for the nursing staff the definition of a "change of condition" as per the Federal Guidelines was reviewed including all required notifications. Staff who fail to comply with the points of the in-service will further educated and / or progressively disciplined as indicated.</p>		

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	<p>with thin liquid [sic] as ordered. Tolerates diet well with no problem swallowing noted. Feeds self in room after set up. Current weight is 156 # [pounds]...Will continue current POC will continue to follow."</p> <p>A Dietary Note, dated 7/16/15, indicated, "Resident receives general mechanical with thin liquid as ordered. Tolerates diet well with no problem swallowing noted. Current weight is 152#...Will continue current POC will continue to follow."</p> <p>A Dietary Note, dated 7/24/15, indicated, "Resident receives general regular diet with thin liquid as ordered. Tolerates diet well with no problem swallowing noted. Feeds self in dinning hall after set up. Current weight is 155#...Will continue current POC will continue to follow."</p> <p>The resident's weight on 8/14/15 was documented as 147.6 pounds.</p> <p>A "significant change" MDS assessment, dated 8/17/15, indicated the resident's weight was 148 pounds.</p> <p>Documentation regarding notification of family or the physician of the resident's weight loss was not found in the clinical record.</p>		<p>4) At the daily CQI meetings the results of the DON / Designee monitoring of the timely notification of "changes of condition" will be reviewed. Any patterns of concern will be identified and reviewed. If necessary, an Action Plan will be written by the committee and reviewed weekly by the Administrator until resolved. As stated prior, this monitoring will be ongoing. Results will be brought to the QA Meeting monthly for review and compliance.</p> <p>5) This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our DOC is 11-26-2015.</p>	

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	<p>On 10/27/15 at 10:45 A.M., during an interview with the DON and the Administrator, the DON indicated she was unable to locate documentation of family of physician notification in the clinical record.</p> <p>On 10/27/15 at 11:30 A.M., the Director of Nursing provided the current facility policy on "Physician Notification of Resident Change of Condition," dated 4/06. The policy included, "Physician notification is to include but is not limited to:...5% weight gain or loss in 30 days...Make an entry into Nurse's notes regarding condition/physician notification/physician's orders."</p> <p>This Federal tag relates to Complaint IN00184240.</p> <p>3.1-5(a)(2) 3.1-5(a)(3)</p>			

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

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