

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155304	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/22/2016
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NAME OF PROVIDER OR SUPPLIER WATERS OF NEW CASTLE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 N 16TH ST NEW CASTLE, IN 47362
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00197707.</p> <p>Complaint IN 00197707 -- Substantiated. Federal/state deficiencies related to the allegations are cited at F157 and F514.</p> <p>Survey dates: April 21 and 22, 2016</p> <p>Facility number: 000201 Provider number: 155304 AIM number: 100267910</p> <p>Census bed type: SNF: 1 SNF/NF: 45 Total: 46</p> <p>Census payor type: Medicare: 11 Medicaid: 25 Other: 10 Total: 46</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on</p>	F 0000	Preparationand/or execution of the plan of correction in general, or this correctiveaction in particular does not constitute and admission agreement by thefacility of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction and specific corrective actions areprepared and/or executed in compliance with state and federal laws. The Waters of New Castle does request a paper review.	

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>May 1, 2016</p> <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 interview and record review, the facility failed to document and notify the physician and family of a resident's</p>	F 0157	F157 It is the practice of Watersof New Castle to notify physician/Nurse Practitioner and family/or interestedparty of	05/22/2016			

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	<p>change of condition related to an increase in confusion, as well as notification to the family of new order for a urine test for 1 of 4 residents residents in a sample of 4 reviewed for resident assessment and monitoring for UTI's (urinary tract infections). (Resident #E)</p> <p>Findings include:</p> <p>During an initial tour of the facility on 4-21-16 from 9:15 a.m. to 9:45 a.m. with the Director of Nursing (DON), she indicated Resident #E had recently experienced an increase in confusion and had a U/A (urinalysis, test for possible UTI) obtained with no results available at that time.</p> <p>Resident #E's clinical record was reviewed on 4-22-16 at 1:00 p.m. It indicated her diagnoses included, but were not limited to, rheumatoid arthritis, osteoporosis, history of seizures and restrictive lung disease.</p> <p>Review of her most recent Minimum Data Set (MDS) assessments, dated 12-26-15 and 3-29-16, indicated she was cognitively intact. It indicated she required extensive assistance with toileting and was occasionally incontinent of urine.</p>		<p>significant changes in condition and document such notification in the clinical record. Resident E was being treated with antibiotics, ordered by the nurse practitioner, who works in collaboration with the physician, during the survey. A bims assessment was completed on 4/28/16 with a documented decline from 15 to 10 and resident's son and the physician was apprised of resident's cognitive changes. The resident has completed antibiotic therapy and had a follow up urinalysis which was negative and urinary tract infection is resolved. Staff are continuing to monitor her cognitive status. <i>All residents will be reviewed daily during CQI to determine changes in cognitive and/or symptoms of possible urinary tract infection.</i> When a resident is identified to have change in cognitive condition and suspected possible urinary tract infection, the DON or designee will review the documentation and document an audit to ensure physician and family have been notified of the condition change and any pertinent treatment. The physician and interested family members will be notified if applicable. All licensed staff will be educated on documentation of changes in a resident's cognitive condition and documentation of symptoms of suspected urinary tract infection that require change in the treatment plan. The Quality</p>	

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	<p>In an interview with the DON on 4-22-16 at 2:45 p.m., she indicated, "We really have nothing charted about [name of Resident #E]'s change in mental status as the reason for the UA...The nurses didn't document her confusion. At one point, she was telling the staff she had no legs. She does not have any amputations."</p> <p>Review of Resident #E's nursing notes for 4-1-16 through 4-13-16 indicated no change in demeanor or action, other than a notation on 4-13-16 at 2:52 p.m. which indicated "increased fatigue" that morning and the resident spit out her morning medications. The nursing notes failed to identify any change in condition or notification of the attending physician or family of a change in condition.</p> <p>An entry into the nursing progress notes on 4-13-16 at 8:06 a.m. indicated the resident had a new order for a UA and culture and sensitivity (test to identify any causative organisms for the UTI and what medications would be appropriate to treat those organisms). It failed to indicate for what reasons this test was ordered or by whom it was ordered. It failed to indicated if the family had been notified of the new order.</p> <p>A "Regulatory" progress note completed by a Nurse Practitioner on 4-14-16,</p>		Assurance Committeewill monitor DON/designee compliance with daily audits for Acute conditionChange (Cognitive-Suspected UTI) Compliance, on a monthly basis, ongoing. Non-compliance will be addressed to maintain substantial compliance.	

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	<p>indicated "no new concerns." It indicated her current status as "stable." In the "Review of Systems" portion of the visit note, there was an absence of concerns. It indicated her "Mood & affect" as within normal limits and she was in no acute distress.</p> <p>On 4-22-16 at 3:05 p.m., the DON provided a copy of the "Daily CQI [continuous quality indicator] Meeting Minutes" for 4-12-16. It indicated Resident #E had experienced "[sign for increased] confusion" and a UA was ordered. It did not indicate what type of confusion, how long it had been going on, whom had been notified regarding this issue or whom had ordered the UA. The DON indicated this form is not a part of the resident's clinical record.</p> <p>On 4-22-16 at 3:56 p.m., the DON provided a copy of a policy entitled, "Change in Resident's Condition or Status." This policy was dated 6-26-11. It was indicated to be the current policy utilized by the facility. It indicated, "To ensure that the resident's attending physician and representative is [sic] notified of changes in the resident's condition and/or status. 1. The Nurse will notify the resident's attending physician when:...There is a significant change in the resident's physical, mental</p>			

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	<p>and psychosocial status. There is a need to alter the resident's treatment plan significantly...2. Unless otherwise instructed by the resident, the nurse will notify the resident's representative when:...There is a significant change in the resident's physical, mental and psychosocial status...3. A significant change of condition is a decline or improvement in the resident's status that: Will not normally resolve itself without interventions by staff or by implementing standard disease related clinical interventions. Impacts more than one area of the resident's health status. Requires interdisciplinary review and/or revision to the care plan. 4. Except in medical emergencies, notification will be made within 24 hours of a change occurring in the resident's condition or status...6. The nurse will record in the resident's medical record any changes in the resident's medical condition or status."</p> <p>On 4-22-16 at 3:50 p.m., the DON provided a copy of a policy entitled, "Physician Notification of Resident Change of Condition." This policy had a revision date of 2-2-15 and was indicated to be utilized by the facility. This policy indicated, "It is the intent of the facility for the attending physician to be notified of a change in a resident's condition by</p>			

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F 0514 SS=D Bldg. 00	<p>the licensed personnel as warranted." It indicated this policy is to be the responsibility of all licensed personnel. It indicated, "Physician notification is to include, but is not limited to:...Symptoms of an infectious process...Change in level of consciousness...Unusual behavior...Make an entry into Nurse's notes regarding condition/physician notification and change in physician orders."</p> <p>This Federal tag relates to Complaint IN00197707.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. Based on interview and record review, the facility failed to document a resident's</p>	F 0514	F514 It is the practice of Watersof New Castle to document changes	05/22/2016			

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	<p>change of condition related to an increase in confusion for 1 of 4 residents residents in a sample of 4 reviewed for resident assessment and monitoring for UTI's (urinary tract infections). (Resident #E)</p> <p>Findings include:</p> <p>During an initial tour of the facility on 4-21-16 from 9:15 a.m. to 9:45 a.m. with the Director of Nursing (DON), she indicated Resident #E had recently experienced an increase in confusion and had a U/A (urinalysis, test for possible UTI) obtained with no results available at that time.</p> <p>Resident #E's clinical record was reviewed on 4-22-16 at 1:00 p.m. It indicated her diagnoses included, but were not limited to, rheumatoid arthritis, osteoporosis, history of seizures and restrictive lung disease.</p> <p>Review of her most recent Minimum Data Set (MDS) assessments, dated 12-26-15 and 3-29-16, indicated she was cognitively intact. It indicated she required extensive assistance with toileting and was occasionally incontinent of urine.</p> <p>On 4-22-16 at 1:30 p.m., during an interview with the DON, she indicated</p>		<p>in resident condition, including physician and family/interested party notification. Resident E was being treated with antibiotics, ordered by the nurse practitioner, who works in collaboration with the physician, during the survey. A bims assessment was completed on 4/28/16 with a documented decline from 15 to 10 and resident's son and the physician was apprised of the resident's cognitive changes. The resident has completed antibiotic therapy and had a follow up urinalysis which was negative and urinary tract infection is resolved. Staff are continuing to monitor her cognitive status. All residents are reviewed daily during CQI to determine if any changes in cognitive condition and/or changes which may be indicative of possible urinary tract infection. No other residents were affected. <i>All residents will be reviewed daily during CQI to determine changes in cognitive and/or symptoms of possible urinary tract infection.</i> When a resident is identified to have change in cognitive condition and suspected possible urinary tract infection, the DON/or designee will review the documentation and document an audit to ensure physician and family have been notified of the condition change and any pertinent treatment. The physician and interested family members will be notified if applicable. All licensed staff will</p>	

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	<p>the documentation in the clinical records, historically, "lack a lot." She indicated the topic of proper documentation has been addressed with multiple inservices and individual counseling sessions. "I remind them it needs to be clear to anyone picking up the chart what is going on with the resident."</p> <p>In an interview with the DON on 4-22-16 at 2:45 p.m., she indicated, "We really have nothing charted about [name of Resident #E]'s change in mental status as the reason for the UA...The nurses didn't document her confusion. At one point, she was telling the staff she had no legs. She does not have any amputations."</p> <p>Review of Resident #E's nursing notes for 4-1-16 through 4-13-16 indicated no change in demeanor or action, other than a notation on 4-13-16 at 2:52 p.m. which indicated "increased fatigue" that morning and the resident spit out her morning medications. The nursing notes failed to identify any change in condition or notification of the attending physician or family of a change in condition.</p> <p>An entry into the nursing progress notes on 4-13-16 at 8:06 a.m. indicated the resident had a new order for a UA and culture and sensitivity (test to identify any causative organisms for the UTI and</p>		<p>be educated on documentation of changes in residents cognitive condition and documentation of symptoms of suspected urinary tract infection that require change in the treatment plan. The Quality Assurance Committee will monitor DON/designee compliance with daily audits for Acute condition Change (Cognitive-Suspected UTI) Compliance, on a monthly basis, ongoing. Non-compliance will be addressed to maintain substantial compliance</p>	

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	<p>what medications would be appropriate to treat those organisms). It did not indicate for what reasons this test was ordered or by whom it was ordered.</p> <p>A "Regulatory" progress note completed by a Nurse Practitioner on 4-14-16, indicated "no new concerns." It indicated her current status as "stable." In the "Review of Systems" portion of the visit note, there was an absence of concerns. It indicated her "Mood & affect" as within normal limits and she was in no acute distress.</p> <p>On 4-22-16 at 3:05 p.m., the DON provided a copy of the "Daily CQI [continuous quality indicator] Meeting Minutes" for 4-12-16. It indicated Resident #E had experienced "[sign for increased] confusion" and a UA was ordered. It did not indicate what type of confusion, how long it had been going on, whom had been notified regarding this issue or whom had ordered the UA. The DON indicated this form is not a part of the resident's clinical record.</p> <p>Review of Resident #E's nursing progress notes indicated minimal documented assessments following the UA being obtained. One entry on 4-16-16 at 6:34 p.m., documented the resident had no complaints of pain or dysuria (painful</p>			

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	<p>urination) and she had no confusion. A second entry, dated 4-17-16 at 6:08 p.m., indicated she had no confusion and the UA results were pending at that time. No further entries were made into the nursing progress notes, until 4-22-16 at 8:15 a.m. This entry, by the Social Services Designee indicated the resident was ringing her bell to request assistance with toileting.</p> <p>On 4-22-16 at 3:56 p.m., the DON provided a copy of a policy entitled, "Change in Resident's Condition or Status." This policy was dated 6-26-11. It was indicated to be the current policy utilized by the facility. It indicated, "To ensure that the resident's attending physician and representative is [sic] notified of changes in the resident's condition and/or status. 1. The Nurse will notify the resident's attending physician when:...There is a significant change in the resident's physical, mental and psychosocial status. There is a need to alter the resident's treatment plan significantly...2. Unless otherwise instructed by the resident, the nurse will notify the resident's representative when:...There is a significant change in the resident's physical, mental and psychosocial status...3. A significant change of condition is a decline or improvement in the resident's status that:</p>			

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	<p>Will not normally resolve itself without interventions by staff or by implementing standard disease related clinical interventions. Impacts more than one area of the resident's health status. Requires interdisciplinary review and/or revision to the care plan. 4. Except in medical emergencies, notification will be made within 24 hours of a change occurring in the resident's condition or status...6. The nurse will record in the resident's medical record any changes in the resident's medical condition or status."</p> <p>On 4-22-16 at 3:50 p.m., the DON provided a copy of a policy entitled, "Physician Notification of Resident Change of Condition." This policy had a revision date of 2-2-15 and was indicated to be utilized by the facility. This policy indicated, "It is the intent of the facility for the attending physician to be notified of a change in a resident's condition by the licensed personnel as warranted." It indicated this policy is to be the responsibility of all licensed personnel. It indicated, "Physician notification is to include, but is not limited to:...Symptoms of an infectious process...Change in level of consciousness...Unusual behavior...Make an entry into Nurse's notes regarding condition/physician notification and change in physician</p>			

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	<p>orders."</p> <p>On 4-22-16 at 3:50 p.m., the DON provided a copy of a document entitled, "Required Nursing Clinical Assessments." This form was undated, but was indicated to be in current use by the facility. This form indicated, "Assessments must be completed for all residents upon admission, readmission, quarterly and when a Significant Change occurs. Below you will see a list of assessments required for each occurrence. Refer to the correct category and create and complete the assessments. When they are complete, return this form to your DON." The form displayed the four categories listed for assessments, as well as specific assessments due for each category.</p> <p>This Federal tag relates to Complaint IN00197707.</p> <p>3.1-5(a)(2)</p>			