STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155704	A. BUILDING 00 B. WING	02/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WALDRON REHABILITATION AND HEALTHCARE CENTER	505 N MAIN ST WALDRON, IN 46182

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00401253. Complaint IN00401253 - Substantiated. Federal/state deficiency related to the allegations is cited at F655. Survey dates: February 15 and 16, 2023 Facility number: 000423 Provider number: 155704 AIM number: 100290450 Census Bed Type: SNF/NF: 53 Total: 53 Census Payor Type: Medicare: 5 Medicaid: 33 Other: 15 Total: 53 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on February 20, 2023	F 0000		
F 0655 SS=D Bldg. 00	483.21(a)(1)-(3) Baseline Care Plan §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Leah Scott | RN, Director of Nursing | 02/24/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155704	A. BUILDING 00 B. WING	02/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WALDRON REHABILITATION AND HEALTHCARE CENTER	505 N MAIN ST WALDRON, IN 46182

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary.			
	Based on interview and record review, the facility failed to develop a baseline care plan related to fall	F 0655	**F655 Develop/ Baseline Care Plan**	02/24/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155704	A. BUILDING 00 B. WING	02/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WALDRON REHABILITATION AND HEALTHCARE CENTER	505 N MAIN ST WALDRON, IN 46182

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	risk within 48 hours of admission for a resident admitted with a known history of falls with injury for 1 of 3 residents reviewed for falls. (Resident D) Findings include: The clinical record for Resident D was reviewed on 2-16-23 at 9:55 a.m. His primary admission diagnosis of a displaced chip fracture of the left talus (ankle bone), with additional diagnoses that included, but were not limited to, weakness, unsteadiness on feet and difficulty in walking. The hospital records from his stay, immediately prior to admission to the facility, indicated he had a history of falls and the current ankle fracture was a result of a fall at home. A fall risk assessment conducted by the facility, dated 2-7-23, and date of his admission to the facility, indicated he was a fall risk. A review of Resident D's clinical record indicated he had an unwitnessed fall on 2-10-23 at 5:45 p.m., in his room. An IDT (interdisciplinary team) document entitled, "Fall Investigation," for the 2-10-23, fall and dated as 2-13-23, indicated the root cause of the fall was related to the resident was walking in his room without staff assistance and was not wearing his orthopedic walking boot. It indicated the intervention to address this fall was to educate the resident regarding the importance of the use of the walking boot. Review of the care plans related to the fall risk status for Resident D indicated the first care plan to be developed was dated 2-13-23, the date of the IDT review of the 2-10-23, fall. In an interview on 2-16-23 at 2:02 p.m., with the Corporate Support Nurse, she recalled updating		**The facility request paper compliance for this citation** *This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* **1) Immediate actions taken for those residents identified:** Identified resident (D)was assessed and care plans reviewed and revised for accuracy. **2) How the facility identified other residents:** An audit was conducted for those new residents admitted to facility within last 30 days to determine baseline care plans were completed. Any identified issues were corrected. Baseline care plans will be reviewed within 48 hours of admission. **3) Measures put into place/ System changes:** In-service conducted for nursing staff and the interdisciplinary team	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155704	A. BUILDING 00 B. WING	02/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WALDRON REHABILITATION AND HEALTHCARE CENTER	505 N MAIN ST WALDRON, IN 46182

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	the falls care plan on the same date of the IDT review of the first fall. She indicated, "If I remember correctly, there was a care plan about his noncompliance with wearing his walking boot and I put in a care plan for being a fall risk." She also recalled Resident D currently has a care plan about the actual fall. In an interview on 2-16-23 at 1:55 p.m., with the Director of Nursing, (DON), she indicated a person being admitted with a fractured foot and walking boot would be a fall risk and it should have been acknowledged on the admission nursing assessment form. She indicated at the end of each assessment section, there is a means of using the check-offs provided to develop a baseline care plan for the resident. "I have been working with the staff to fill out the assessment better, plus filling out the care plan portion." In an interview with the DON on 2-16-23 at 2:10 p.m., she indicated she was unable to locate a care plan about Resident D being non-compliance with wearing his walking boot. In review of the care plans, a care plan with an initiation date of 2-13-23, addresses Resident D having an actual fall and refusal to wear his physician-orderd walking boot. On 2-16-23 at 2:54 p.m., the DON provided a copy of an undated policy entitled, "Care Plans [sic] Protocol." This policy indicated the actual policy is located in the Resident Instrument Assessment (RAI) manual and this policy is related to the utilization of the facility's electronic medical records program to accomplish development of resident care plans. "Baseline Care plans will be initiated within 48 hours of admission." The Centers for Medicare and Medicaid's Long-Term Care Facility Resident Assessment		to review procedures for development of baseline care plans. New admission baseline care plans will be reviewed within 48 hours of admission to ensure diagnosis is reflective of resident condition. New admission audits will be reviewed during routine clinical morning meeting to determine initiation of baseline careplans. **4) How the corrective actions will be monitored:** The Director of Nursing and/or MDS Coordinator will review new residents' baseline care plans to ensure the baseline care plans have been developed within the 48-hour time frame and accurately reflect resident status. Any issues identified will be immediately addressed. The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months. **5) Date of compliance:** 2-24-2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155704	A. BUILDING 00 B. WING	02/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WALDRON REHABILITATION AND HEALTHCARE CENTER	505 N MAIN ST WALDRON, IN 46182

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Instrument 3.0 User ' s Manual Version 1.17.1, dated October 2019, Section 4.6 indicates the use of the RAI may not be adequate to address "the Federal requirements to support a nursing home ' s ongoing responsibility to assess residents. The Quality of Care regulation requires that 'each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, andpsychosocial well-being, in accordance with the comprehensive assessment and plan of care' (42 CFR 483.25). Services provided or arranged by the nursing home must also meet professional standards of quality. Per 42 CFR 483.70(b), the facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. Furthermore, surveyor guidance within OBRA (e.g., 42 CFR 483.25(b)(1) Pressure Ulcers and 42 CFR 483.45(d) Unnecessary Medications) identifies additional elements of assessment and care related to specific issues and/or conditions that are consistent with professional standards. Therefore, facilities are responsible for assessing and addressing all care issues that are relevant to individual residents, regardless of whether or not they are covered by the RAI (42 CFR 483.20(b)), including monitoring each resident ' s condition and responding with appropriate interventions. Limitations of the RAI-related instruments. The RAI provides tools related to assessment including substantial detail for completing the MDS, how CATs are triggered, and a framework for the CAA process. However, the process of completing the MDS and related portions of the CMS ' s RAI Version 3.0 Manual CH 4: CAA Process and Care Planning October			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155704	A. BUILDING 00 B. WING	02/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WALDRON REHABILITATION AND HEALTHCARE CENTER	505 N MAIN ST WALDRON, IN 46182

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	2019 Page 4-8 RAI does not constitute the entire assessment that may be needed to address issues and manage the care of individual residents. Neither the MDS nor the remainder of the RAI includes all of the steps, relevant factors, analyses, or conclusions needed for clinical problem solving and decision making for the care of nursing home residents. By themselves, neither the MDS nor the CAA process provide sufficient information to determine if the findings from the MDS are problematic or merely incidental, or if there are multiple causes of a single trigger or multiple triggers related to one or several causes. Although a detailed history is often essential to correctly identify and address causes of symptoms, the RAI was not designed to capture a history (chronology) of a resident ' s symptoms and impairments. Thus, it can potentially be misleading or problematic to care plan individual MDS findings or CAAs without any additional thought or investigation. · The MDS may not trigger every relevant issue · Not all triggers are clinically significant · The MDS is not a diagnostic tool or treatment selection guide · The MDS does not identify causation or history of problems" This Federal tag relates to Complaint IN00401253. 3.1-30(a)			