

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

PRINTED: 05/21/2024
FORM APPROVED
OMB NO. 0938-039

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 05/01/2024	
NAME OF PROVIDER OR SUPPLIER WATERS OF NEW CASTLE, THE				STREET ADDRESS, CITY, STATE, ZIP COD 1000 N 16TH ST NEW CASTLE, IN 47362			
(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	<p>This visit was for the Investigation of Complaint IN00432528.</p> <p>Complaint IN00432528 -- Federal/state deficiency related to the allegations is cited at F0641.</p> <p>Survey date: May 1, 2024</p> <p>Facility number: 000201 Provider number: 155304 AIM number: 100267910</p> <p>Census Bed Type: SNF/NF: 58 Total: 58</p> <p>Census Payor Type: Medicare: 11 Medicaid: 39 Other: 8 Total: 58</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on May 2, 2024</p>			F 0000	<p>Preparation or execution of this Plan of Correction does not constitute admission or agreement of the provider of the truth of the facts alleged or conclusion set forth on the Statement of Deficiencies. The Plan of Correction is prepared as the position and executed solely because it is required by the position of Federal and State Law. The Plan of correction is submitted in order to respond to the allegation of noncompliance cited during an Annual Survey. Please accept this plan of correction as the provider's credible allegation of compliance. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance on May 13th 2024.</p> <p>Facility is requesting desk review. F641</p> <p>It is the policy of this facility to ensure accuracy of assessments for each resident to reflect the status of each resident.</p>		
F 0641 SS=D Bldg. 00	<p>483.20(g) Accuracy of Assessments §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. Based on interview and record review, the facility</p>			F 0641	F641		05/13/2024

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 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 30 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>failed to accurately code two Minimum Data Set (MDS) assessments related to an antipsychotic medication for 1 of 1 residents reviewed for suicidal attempts. (Resident B)</p> <p>Findings include:</p> <p>The clinical record of Resident B was reviewed on 5-1-24 at 9:52 a.m. His diagnoses included, but were not limited to, anxiety, depression, nightmare disorder and suicidal ideation.</p> <p>His most recent MDS assessment, a quarterly assessment dated 2-17-24, indicated he received antipsychotic medications in Section N0415A, related to medications ordered for the resident. However in Section N0450A, the MDS assessment was coded to reflect he did not receive antipsychotic medications, thus negating the use of a gradual drug reduction information for the use of this type of medication. In the prior MDS, an annual assessment, dated 11-17-23, this information was identified in the same manner.</p> <p>In an interview with the MDS Coordinator on 5-1-24 at 11:34 a.m., she indicated it appeared as if she had coded the information for the use of an anti-psychotic incorrectly. She indicated the clinical record indicated he had received Zyprexa, an antipsychotic medication, during the look-back period period of 7 days for each of the MDS assessments.</p> <p>A review of Resident B's medication administration record (MAR) for November, 2023, indicated he had received Zyprexa 2.5 milligrams (mg) twice daily from 11-15-23 through 11-30-23. A review of the February, 2024 MAR indicated he had received Zyprexa 2.5 mg twice daily for 2-1-24 through 2-29-24.</p>				<p>Facility is requesting desk review. It is the policy of this facility to ensure accuracy of assessments for each resident to reflect the status of each resident.</p> <p>what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Resident B's MDS Section N has been modified and coded correctly related to antipsychotic medication usage as of 5/1/24 by the MDS Coordinator.</p> <p>how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>An audit was completed on Section N for residents receiving antipsychotic medications for accuracy by the MDS Coordinator on 5/1/24, modified MDS's were completed as needed.</p> <p>what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>MDS Consultant provided education MDS Coordinator regarding section N of MDS on DATE. Additionally, any staff that</p>		

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	<p>In an interview with the Executive Director on 5-1-24 at 2:30 p.m., she indicated the facility does not have a specific policy or procedure related to the MDS assessment process, but uses the current RAI (Resident Assessment Instrument) Manual for reference to any MDS assessments.</p> <p>The Centers for Medicare and Medicaid Long-Term Care Facilities Resident Assessment Instrument 3.0 User's Manual, version 1.1811, October, 2023, indicates in Section N, "Medications," for Section N0415, "High Risk Drug Classes: Use and Indication," the appropriate high-risk medications should be checked, such as antipsychotic medications have been administered in the 7-day look back period. "Residents taking medications in these medication categories and pharmacological classes are at risk of side effects that can adversely affect health, safety, and quality of life." In Section N, Section N0450A, "Antipsychotic Medication Review," this portion requests, "Did the resident receive antipsychotic medications since admission/entry or readmission or the prior OBRA assessment, whichever is more recent?" The response choices for N0450A provided for selections of "yes," or "no."</p> <p>This Federal tag relates to Complaint IN00432528.</p> <p>3.1-37(a) 3.1-37(c)(13)</p>				<p>fails to comply with the points of this in-service will be further educated and/or disciplined as indicated.</p> <p>how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p> <p>The Administrator/Designee will audit 4 random MDS's per month for accurate coding of antipsychotic use on section N for 6 months. If the facility is within 95% compliance at the end of the 6 months; then monitoring can be stopped. Results of the monitoring will be reviewed at the monthly QAPI meeting. Any concerns will have been addressed. However, any patterns will be identified. Any needed Action Plan will be written by the QAPI committee. Any written Action Plan will be monitored by the Administrator weekly until resolved.</p>		