

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

PRINTED: 01/22/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155354		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/15/2023	
NAME OF PROVIDER OR SUPPLIER NEWBURGH HEALTH CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 10466 POLLACK AVE NEWBURGH, IN 47630			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 IN00423804.</p> <p>This visit was in conjunction with a Recertification and State Licensure Survey.</p> <p>Complaint IN00423804 - Federal/State deficiencies related to the allegations are cited at F561.</p> <p>Survey dates: December 11, 12, 13, 14, 15, 2023</p> <p>Facility number: 000245 Provider number: 155354 AIM number: 100290800</p> <p>Census Bed Type: SNF/NF: 63 Total: 63</p> <p>Census Payor Type: Medicare: 5 Medicaid: 40 Other: 18 Total: 63</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 21, 2023.</p>			F 0000	<p>Plan of Correction Statement</p> <p>Preparation and or execution of this plan of Correction general or any other corrective action set forth herein, in particular, does not constitute an admission or agreement by Newburgh Healthcare of the facts alleged or the conclusions set forth in the Statement of Deficiencies. The Plan of Correction and specific corrective actions are prepared and / or executed solely because of provisions of Federal and / or State law.</p>		
F 0561 SS=D Bldg. 00	<p>483.10(f)(1)-(3)(8) Self-Determination §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kitty Cabell

RN/DON

01/17/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed 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>specified in paragraphs (f)(1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>Based on observation, interview, and record review, the facility failed to promote and facilitate resident self-determination related to bathing for 1 of 3 residents reviewed for Activities of Daily Living (ADLs). A resident's preference for showers and to have hair washed three times a week was not honored. (Resident F)</p> <p>Findings include:</p> <p>On 12/11/23 at 10:09 A.M., Resident F indicated she had requested her hair to be washed three times a week (twice by staff and once by the beauty shop), and it was not being done. She indicated she had currently gone two weeks</p>			F 0561	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>No resident has requested their hair be washed with each bed bath.</p> <p>Resident F was showered per their preference. This resident care plan was updated to reflect the resident current shower preference and frequency.</p> <p>How other residents having the</p>		01/15/2024

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	<p>without her hair being washed. Resident F indicated she would rather take showers, but staff was currently only providing bed baths. Resident F indicated staff did not wash her hair with every bed bath.</p> <p>On 12/12/23 at 12:39 P.M., Resident F's clinical record was reviewed. Diagnosis included, but were not limited to, morbid obesity, anxiety, and depression. The most recent state optional and quarterly MDS (minimum data set) Assessment, dated 11/6/23, indicated no cognitive impairment, no rejection or refusals of care, and impairment on one side of the upper extremities, and impairment on both sides of the lower extremities. Resident F required extensive assistance of two staff with bed mobility, and total dependence of two staff with transfers and toileting.</p> <p>Resident F's shower record from 11/14/23 through 12/13/23 indicated no showers had been given, only bed baths. The record indicated the resident had refused having hair washed on 12/12/23.</p> <p>On 12/13/23 at 8:53 A.M., Resident F indicated she did not refuse to have her hair washed the previous day, as no one had asked if she wanted her hair washed.</p> <p>On 12/13/23 at 8:35 A.M., the weekly shower schedule sitting on the nurses station was reviewed. Resident F was not listed on the schedule.</p> <p>On 12/13/23 at 12:40 P.M., the CNA assignment form indicated Resident F was to have a bed bath daily. The form lacked preference on having hair washed.</p> <p>On 12/14/23 at 10:00 A.M., a grievance form, dated</p>				<p>potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents have the potential to be affected by the alleged deficient practice. The Activity Director will continue to interview all residents for updated preferences for bathing . Their care plan will be update appropriately.</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; DON/Designee will audit shower sheets daily during Clinical Meeting to ensure all scheduled showers were given. Any missed showers will be followed up with staff and resident for reason of refusal. All nursing staff will be Inservice by DON/Designee on Resident Rights, including ensuring all residents are showered per their preference.</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; and The Director of Nursing or designee will monitor the bathing sheets daily for 30 days in clinical</p>		

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	<p>12/8/23, was reviewed. The form indicated Resident F explained "she wants things done at certain times and the time requests were not being met" The planned resolution indicated to wash hair on Tuesday and Sunday, and hair dresser to wash on Thursdays.</p> <p>On 12/14/23 at 9:04 A.M., CNA 27 indicated Resident F was supposed to have her hair washed on Tuesdays, Thursdays, and Sundays. She indicated first shift gave Resident F a bed bath daily, and second shift was responsible for the shampooing three times a week.</p> <p>On 12/15/23 at 10:28 A.M., a current Resident Rights policy, dated 8/18/17, indicated "Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: ... self-determination"</p> <p>This citation relates to Complaint IN00423804.</p> <p>3.1-3(a)</p>				<p>meeting for both units. The bathing sheets will be reviewed for patterns of refusals or other reasons for the task not being performed. Resident preferences will be reviewed and updated as needed. Findings will be reviewed monthly with the Quality Assurance Performance Team on an ongoing basis with a goal of reducing the monitor to 3 times a week by the Director of Nursing or designee. The assigned nurse will continue to monitor daily on their shift.</p>		