

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

PRINTED: 05/03/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155631		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/11/2023	
NAME OF PROVIDER OR SUPPLIER WHITE RIVER LODGE				STREET ADDRESS, CITY, STATE, ZIP CODE 3710 KENNY SIMPSON LN BEDFORD, IN 47421			
(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 a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: April 4, 5, 6, 10, and 11, 2023</p> <p>Facility number: 001153 Provider number: 155631 AIM number: 200155900</p> <p>Census Bed Type: SNF/NF: 43 Total: 43</p> <p>Census Payor Type: Medicare: 1 Medicaid: 39 Other: 3 Total: 43</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed April 13, 2023.</p>			F 0000	<p>White River Lodge Respectfully request desk review for the following alleged deficiencies.</p> <p>White River Lodge's preparation and execution of this plan of correction does not constitute admission or agreement by this facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because the provisions of Federal and State law require it. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of residents nor are they of such character as to limit the facility's capacity or render adequate care.</p> <p>Facility substantial compliance date of 04-12-2023.</p>		
F 0623 SS=D Bldg. 00	<p>483.15(c)(3)-(6)(8) Notice Requirements Before Transfer/Discharge</p> <p>§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State</p>						

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

TITLE

(X6) DATE

Tangie Jenkins

RN, BSN, HFA

04/28/2023

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>Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is</p>						

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	<p>transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual</p>						

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	<p>who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>Based on interview and record review, the facility failed to ensure the written notification required for facility-initiated transfers was given to the resident or the resident representative for 1 of 1 resident reviewed for hospitalization. (Resident 21)</p> <p>Findings include:</p> <p>A review of Resident 21's progress notes on 4/10/23 at 10:30 a.m., indicated the resident was sent out to the hospital on 2/24/23. There was no documentation that the resident or resident's representative had been notified of the transfer in writing and provided the appeal rights information in writing including the contact information of the Office of the State LTC (Long-Term Care) Ombudsman after the resident was sent out to the hospital.</p> <p>During an interview on 4/10/23 at 11:01 a.m., the Clinical and Quality Support staff member indicated the transfer and discharge forms were sent with the resident during the transfer to the hospital and the representative was notified by phone.</p> <p>On 4/10/23 at 3:00 p.m., the Clinical and Quality Support staff member provided the facility policy "... Transfer and Discharge Policy" with a revised date of 10/2022, and indicated it was the policy</p>			F 0623	<p>White River Lodge Respectfully request desk review for the following alleged deficiencies. White River Lodge's preparation and execution of this plan of correction does not constitute admission or agreement by this facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because the provisions of Federal and State law require it. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of residents nor are they of such character as to limit the facility's capacity or render adequate care. Facility substantial compliance date of 04-12-2023.</p> <p>F623 Notice Requirements Before Transfer/Discharge Facility does provide written notification required for facility-initiated transfers.</p> <p>Resident 21 was provided written</p>		04/12/2023

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F 0625 SS=D Bldg. 00	<p>currently being used by the facility. A review of the policy indicated, "... 7. Before the facility transfers or discharges a resident, the facility will notify the resident and the resident's representative of the transfer and reasons for the move in writing and in a language the resident understands ..."</p> <p>3.1-12(a)(6)(A)(i) 3.1-12(a)(6)(ii)</p> <p>483.15(d)(1)(2) Notice of Bed Hold Policy Before/Upon Trnsfr §483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent</p>				<p>notice and responsible party was notified by phone prior to transfer. Both resident and responsible party were in agreement of transfer that occurred 2/24/23.</p> <p>No other residents affected.</p> <p>Staff provided education on Notice Requirements before Transfer/Discharge on 4/12/23.</p> <p>Administrator will review all transfers/discharges to ensure applicable written notification provided for 3 months and report negative findings to QAPI.</p> <p>Substantial Compliance 4/12/23</p>		

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	<p>with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e) (1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. Based on interview and record review, the facility failed to ensure the notification of the bed hold policy required for residents who transferred to the hospital was provided for 1 of 1 resident reviewed for hospitalization. (Resident 21)</p> <p>Findings include:</p> <p>A review of Resident 21's progress notes on 4/10/23 at 10:30 a.m., indicated the resident was sent to the hospital on 2/24/23. There was no documentation that a written notice that specified the facility's bed-hold policy permitting the resident to return and resume in the facility was provided to the resident or the resident's representative.</p> <p>During an interview on 4/10/23 at 11:01 a.m., the Clinical and Quality Support staff member indicated the bed hold policy forms were sent with the resident during the transfer to the hospital and the representative was notified by phone.</p> <p>On 4/10/23 at 3:00 p.m., the Clinical and Quality Support staff member provided the facility policy, "... Bed Hold Policy" with a revised date of 10/2017, and indicated it was the policy currently being used by the facility. A review of the policy</p>			F 0625	<p>White River Lodge Respectfully request desk review for the following alleged deficiencies. White River Lodge's preparation and execution of this plan of correction does not constitute admission or agreement by this facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because the provisions of Federal and State law require it. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of residents nor are they of such character as to limit the facility's capacity or render adequate care. Facility substantial compliance date of 04-12-2023.</p> <p>F625 Notice of Bed Hold Policy Before/Upon Transfer Facility does provide notification of Bed Hold Policy for residents that</p>		04/12/2023

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F 0656 SS=D Bldg. 00	<p>indicated, "... 2. At the time of transfer for a resident for hospitalization or therapeutic leave, the facility will provide to the resident and the resident representative written notice ..."</p> <p>3.1-12(a)(25) 3.1-12(a)(26)</p> <p>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40</p>		<p>are transferred to hospital.</p> <p>Resident 21 was provided written bed hold notice at time of transfer 4/12/23 in addition to during admission process when signed by responsible party indicating yes wanted bed hold. No other residents affected. Staff provided education on Bed Hold before /upon transfer on 4/12/23. Administrator will review all transfers/discharges to ensure applicable written notification provided for 3 months and report negative findings to QAPI. Substantial compliance 4/12/23</p>		

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	<p>but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c) (6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's weight was monitored as ordered by the physician's plan of care for 1 of 3 residents reviewed for nutrition. (Resident 37)</p> <p>Findings include:</p> <p>On 4/4/23 at 2:50 p.m., Resident 37 was observed in her wheelchair in the hallway. She appeared to</p>			F 0656	<p>White River Lodge Respectfully request desk review for the following alleged deficiencies. White River Lodge's preparation and execution of this plan of correction does not constitute admission or agreement by this facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and</p>		04/12/2023

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	<p>be thin and lethargic.</p> <p>On 4/5/23 at 11:50 a.m., the resident was observed in the dining area. A staff member was assisting the resident with her meal.</p> <p>On 4/6/23 at 10:20 a.m., Resident 37's clinical record was reviewed. The diagnoses included, but were not limited to, cerebral infarction and flaccid hemiplegia.</p> <p>The resident's care plan indicated she was at risk of malnutrition related to her condition and her weights were to be monitored as ordered by the physician.</p> <p>A current physician's order, with a start date of 2/9/22, indicated, the resident's weight was to be monitored one time a week on Wednesday mornings. The clinical record indicated since that physician's order, the resident's weight was obtained 17 times out of 61 opportunities.</p> <p>During an interview on 4/11/23 at 12:20 p.m., the facility Administrator indicated the resident's weights were not documented as the physician's order directed.</p> <p>3.1-35(g)(2)</p>				<p>executed solely because the provisions of Federal and State law require it. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of residents nor are they of such character as to limit the facility's capacity or render adequate care.</p> <p>Facility substantial compliance date of 04-12-2023.</p> <p>F656 Development Comprehensive Care Plan</p> <p>Facility does ensure residents weights are monitored as ordered by physician's plan of care.</p> <p>Resident 37 physician was notified of omitted weights and identified licensed nurses that did not follow facility process given counseling and reeducation.</p> <p>Audit did not identify any other residents affected.</p> <p>Licensed Nurses provided education and IDT provided education on persons at risk and Care Plan on 4/12/23.</p> <p>Director of Nursing will review EHR for weights as ordered daily for 4 weeks, weekly for 4 weeks then monthly for an additional 3 months to ensure ongoing compliance. Negative findings will be reported</p>		

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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: April 4, 5, 6, 10 and 11, 2023</p> <p>Facility number: 001153</p> <p>Residential Census: 0</p> <p>White River Lodge was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p>			R 0000	<p>to QAPI.</p> <p>Substantial compliance 4/12/23</p> <p>White River Lodge Respectfully request desk review for the following alleged deficiencies. White River Lodge's preparation and execution of this plan of correction does not constitute admission or agreement by this facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because the provisions of Federal and State law require it. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of residents nor are they of such character as to limit the facility's capacity or render adequate care. Facility substantial compliance date of 04-12-2023.</p>		