STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155209	A. BUILDING 00 B. WING	02/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WATERS OF CLIFTY FALLS, THE	950 CROSS AVE MADISON, IN 47250

(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 Complaints IN00429368 and IN00427753. Complaint IN00429368 - Federal/State deficiencies related to the allegations are cited at F580 and F689. Complaint IN00427753 - No deficiencies related to the allegations are cited. Survey date: February 27, 2024. Facility number: 000116 Provider number: 155209 AIM number: 100266330 Census Bed Type: SNF/NF: 93 Total: 93 Census Payor Type: Medicare: 6 Medicaid: 68 Other: 19 Total: 93 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on February 28, 2024.	F 0000	and/or execution of this plan of correction in general, or this corrective action, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal Laws. date of alleged compliance is: 3/12/24. Facility is respectfully requesting paper compliance for all deficiencies in this POC.	
F 0580 SS=D Bldg. 00	483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or			

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

Ashley Bowling | Administrator | 03/08/2024

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.

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	her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its			

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	admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).			
	Based on record review and interview, the facility failed to notify an emergency contact of a resident's falls for 1 of 3 residents reviewed for falls. (Resident B) Findings include: The clinical record for Resident B was reviewed on 02/27/24 at 9:32 A.M. A Quarterly MDS (Minimum Data Set) assessment, dated 09/08/23, indicated the resident was severely cognitively impaired. The diagnoses included, but were not limited to, anemia, hypertension, diabetes, and Parkinson's disease. The following SBAR (Situation Background Appearance Review and Notify) forms for falls indicated the resident was the person notified of the each fall: - 10/13/23 at 10:45 A.M., - 10/18/23 at 10:30 A.M., - 12/03/23 at 7:00 P.M., - 12/19/23 at 5:50 P.M., and - 12/25/23 at 2:30 P.M. During an interview on 02/27/24 at 10:53 A.M., LPN (Licensed Practical Nurse) 2 indicated when a resident had a fall it would be documented in a Progress Note, SBAR, and a Risk Management Assessment. The family would be notified. During an interview on 02/27/24 at 11:01 A.M., LPN 3 indicated when a resident had a fall, she	F 0580	F580- Notification of changes It is the policy of the facility to ensure that the resident's attending physician and Representative are notified of changes in the resident's condition or status. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident B no longer resides in the facility. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? All residents have the potential to be affected by the alleged deficient practice. A look back of falls was completed by the Director of Nursing for resident representative notification on 3/7/24. Any	03/08/2024

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	would notify the resident's family. During an interview on 02/27/24 at 2:10 P.M., LPN 4 indicated if a resident was not cognitively intact and was listed as their own emergency contact, she would see if there was a second contact listed and notify them of the fall. During an interview on 02/27/24 at 2:54 P.M., the ADON (Assistant Director of Nursing) indicated if a resident was severely cognitively impaired and listed as their own emergency contact it wound be common courtesy to contact their second emergency contact/family if they had a fall. During an interview on 02/27/24 at 3:31 P.M., LPN 4 indicated Resident B was alert to herself and sometimes her surroundings. She was non-verbal. She would be compliant with taking here medications but had some confusion. If the resident had a fall, she would have called her second emergency contact listed. She would not consider the resident to be her own contact. The current, undated, facility policy titled "Change in Resident's Condition or Status" was provided by the Administrator on 02/27/24 at 2:00 P.M. The policy indicated, "...It is the policy of the facility to ensure that the resident's attending physician and Representative are notified of changes in the resident's condition or status...Unless otherwise instructed by the resident (if the resident is alert and oriented and their own representative) the nurse will notify the resident's representative when: The resident is involved in any accident or incident that results in an injury including injuries of unknown origin..." This citation relates to Complaint IN00429368.		concerns were immediately addressed. What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur? The DON/Designee in- serviced all clinical staff on 3/7 /24 on Change in Resident's condition or Status policy to include notification of resident representative and physician. Additionally, any employee who fails to comply with the points of the in-service may be further educated and / or progressively disciplined as indicated. ¿ How the corrective action will be monitored to ensure the deficient practice will not recur, I.e. what quality assurance program will be put into place? The Director of Nursing or designee will review 24-hour report 5 days a week for notification related to resident change of condition x 4 weeks, then 3 days a week x 4 weeks, then once a week x 4 months. If the facility is within 95% compliance at the end	

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	3.1-5(a)(1)		of the 6 months, then monitoring can be stopped. Results of the monitoring will be reviewed at the monthly QAPI meetings. 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.	
F 0689 SS=D Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review and interview, the facility failed to follow care planned interventions and implement an appropriate intervention after a fall for 1 of 3 residents reviewed for accidents. (Resident B) Findings include: 1a. The clinical record for Resident B was reviewed on 02/27/24 at 9:32 A.M. A Quarterly MDS (Minimum Data Set) assessment, dated 09/08/23, indicated the resident was severely cognitively impaired. The diagnoses included, but	F 0689	F689- Accidents/Incidents It is the policy of the facility to ensure the resident environment remains as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents including following care planned interventions and implementation of an appropriate intervention after a fall.	03/08/2024

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	were not limited to, anemia, hypertension, diabetes, and Parkinson's disease. A Progress Note, dated 12/03/23 at 7:00 P.M., indicated the resident was found on the floor at the side of her bed, closest to the window. There were no injuries noted. The resident continued with generalized weakness and was incontinent at the time. A neurological assessment was initiated. A new intervention was initiated to offer toileting approximately 30 minutes before bed and after meals. An IDT (Interdisciplinary Team) Note, dated 12/04/23 at 5:46 P.M., indicated the note was related to a fall that occurred on 12/03/23. The resident was found sitting on the floor at the side of her bed, closest to the window. The resident was noted to be incontinent and was assisted to bed with incontinence care provided. The resident had no injuries related to the fall. A new intervention was for her to be toileted upon rising, before meals, at bedtime, and as needed. During an interview on 02/27/24 at 11:47 A.M., QMA (Qualified Medication Aide) 5 indicated residents were toileted every 2 hours, unless they were on a toileting schedule. She was made aware of new interventions from the nurses or the Kardex (an aide reference for interventions). If a resident had an intervention for a toileting schedule it would be added to the CNA documentation, where they had to check it off each day. It would be a task in the computer system. Resident B was able to walk but not without assistance. They had to redirect her back to her chair frequently. She had frequent falls. The CNA Documentation Survey Report for December 2023 and January 2024 indicated the		What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident B no longer resides in the facility. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? All residents have the potential to be affected by the alleged deficient practice. The DON/Designee completed a 90 day look back of residents with falls to ensure interventions were being followed and interventions were implemented after a fall on 3/7/24. Any concerns were immediately addressed. What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur? The DON/Designee in- serviced all clinical staff on 3/ 7/24 on Incidents/Accidents/Falls policy to	

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	resident was toileted every shift. The report lacked documentation of increased toileting upon rising, before meals, and at bedtime. A Progress Note, dated 12/19/23 at 5:50 P.M., indicated the resident was found lying on the floor in the fetal position with her back to the bathroom door. The resident was in her wheelchair and attempted to self-transfer to her bed. There were no injuries noted. Neurological assessments were initiated. A new intervention was initiated to assist the resident to bed after meals. An IDT Note, dated 12/20/23 at 9:35 A.M., indicated the note was related to a fall that occurred on 12/19/23. The resident was found in the fetal position with her back against the bathroom door. The resident stated that she was attempting to ambulate from the wheelchair to the bed. The NP (Nurse Practitioner) was made aware of the fall and a new order was received to obtain the resident's orthostatic blood pressure and pulse related to dizziness upon rising. During an interview on 02/27/24 at 12:05 P.M., RN 6 indicated orthostatic blood pressures were completed in a set of three that consisted of readings when the resident was lying, sitting, and standing. She would wait five minutes between obtaining each blood pressure and document them in the progress notes or in the EMAR/ETAR (Electronic Medication Administration Record/Electronic Treatment Administration Record). A physician's order, dated 12/20/23 through 12/23/23, indicated the resident was to have orthostatic blood pressures and pulses obtained every shift, for three days.		include implementing new fall interventions after a resident fall. Additionally, any employee who fails to comply with the points of the in-service may be further educated and / or progressively disciplined as indicated. ¿ How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Director of Nursing or designee will complete an audit on falls and fall interventions on 10 random residents weekly x 4 weeks, then 5 random residents weekly x 4 weeks, and then 3 random residents weekly x 4 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 meetings. 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	

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	The clinical record including the December EMAR/ETAR lacked indication the orthostatic blood pressures or pulses were obtained from 12/20/23 through 12/23/23. 1b. A Progress Note, dated 01/10/24 at 3:30 P.M., indicated the resident was found lying on the floor in the hallway on her right side. She was awake and alert to her name. The resident had an injury to her right eyebrow area. A neurological assessment was initiated. The resident was educated to allow staff to assist with all transfers. An IDT note, dated 01/10/24 at 4:56 P.M., indicated the note was related to a fall that occurred on 01/10/24 at 3:30 P.M. The resident was found lying on the floor in the hallway on her right side, awake and alert to her name. The resident stated she was looking for the bathroom. The nurse assessment was completed, and all previous fall care plan interventions were in place. The root cause of the fall was the resident was ambulating without assistance. A new intervention was the resident will not have any major injuries related to not complying with fall interventions through the next review. The resident was non-educatable. She was encouraged to ask for assistance with ambulation and non-compliant. The resident continues to self-ambulate. During an interview on 02/27/24 at 2:54 P.M., the ADON (Assistant Director of Nursing) indicated when a resident had a fall the nurses would complete their assessments, documentation, and notifications. The nurse on the floor would initiate an immediate intervention and then the IDT would review the fall and determine if a new intervention was needed. If a new intervention was needed it		monitored by the administrator weekly until resolved.	

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	should be added to the care plan and Kardex. The resident's toileting schedule should have been added to the CNA documentation and the orthostatic blood pressures should have been documented in the EMAR/ETAR. The intervention for the fall on 01/10/24, was not appropriate since the resident was non-educatable and there should have been a different intervention implemented. During an interview on 02/27/24 at 4:00 P.M., the Administrator indicated the facility did not have a policy for orthostatic blood pressure or following care planned interventions. The staff should complete orthostatic blood pressures per the physician's order and follow all interventions. The current facility policy titled, "GUIDELINES FOR INCIDENTS/ACCIDENTS/FALLS" dated, 06/30/23, was provided by the Administrator on 02/27/24 at 4:00 P.M. The policy indicated, "...Each fall needs a new care plan intervention rolled out...Based on the results of the incident/accident/fall, the resident's care plan will be addressed to ensure that any needed points of focus have measurable goals with appropriate interventions in place...The CNA information sheet will be updated as indicated to reflect the plan of care..." The current facility policy titled, "Baseline Care Plan Assessment/Comprehensive Care Plans" updated 09/18/18, was provided by the Administrator of 02/27/24 at 4:00 P.M. The policy indicated, "...The Comprehensive Care Plan will further expand on the resident's risks, goals and interventions using the [Person Centered] Plan of Care approach for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, physical functioning,			

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	mental and psychosocial needs...The facility Interdisciplinary team in conjunction with the resident, resident's family, surrogate or representative as appropriate along with a [hands on] caregiver, such as a Certified Nursing Assistant will discuss and develop quantifiable objectives along with appropriate interventions in an effort to achieve the highest level of functioning and the greatest degree of comfort/safety and over all well-being attainable for the resident..." This citation relates to Complaint IN00429368. 3.1-45(a)(2)			