

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

PRINTED: 06/27/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155704		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/15/2023	
NAME OF PROVIDER OR SUPPLIER WALDRON REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 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	<p>This visit was for the Investigation of Complaint IN00410146.</p> <p>Complaint IN00410146 -- Federal/state deficiencies related to the allegations are cited at F657 and F689.</p> <p>Survey dates: June 14 and 15, 2023</p> <p>Facility number: 000423 Provider number: 155704 AIM number: 100290450</p> <p>Census Bed Type: SNF/NF: 56 Total: 56</p> <p>Census Payor Type: Medicare: 1 Medicaid: 45 Other: 10 Total: 56</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 19, 2023</p>			F 0000			
F 0657 SS=D Bldg. 00	<p>483.21(b)(2)(i)-(iii) Care Plan Timing and Revision §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p>						

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

TITLE

(X6) DATE

Leah Scott

Director of Nursing

06/23/2023

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>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>Based on interview and record review, the facility failed to revise the care plan for activity of daily living (ADL) care needs for 1 of 5 residents reviewed for ADL's and care plans to accurately reflect the current ADL care needs. (Resident E)</p> <p>Findings include:</p> <p>The clinical record of Resident E was reviewed on 6-15-23 at 10:25 a.m. It indicated he resides on the facility's secured dementia care unit. His diagnoses included and are not limited to, Alzheimer's disease and dementia. His most recent Minimum Data Set (MDS) assessment, a quarterly assessment, dated 5-7-23, indicated he is severely cognitively impaired and requires extensive assistance of one person with bed mobility, transfers, toileting and hygiene needs.</p>			F 0657	<p>F657 Care Plan timing and Revision</p> <p>The facility requests paper compliance for this citation</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>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</i></p>		06/23/2023

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	<p>A review of his current care plans for "Self-Care Deficit as Evidenced by Needs assistance with ADL's" indicated he required only "Supervision," with bed mobility, transfers and toileting. This care plan was initiated on 6-30-22 and revised most recently on 2-24-23.</p> <p>In an interview on 6-14-23 at 2:06 p.m., with a family member of Resident E, indicated the resident has been on the dementia care unit for about one year now. The family member indicated Resident E requires a great deal of assistance with most of his care now as he has declined in his abilities to care for himself since admission, due to his diagnosis of dementia.</p> <p>In an interview with the Director of Nursing (DON) on 6-15-23 at 10:55 a.m., she indicated she has been in this position at the facility since January of this year. She indicated she has not had a chance to go through every chart yet, including Resident E's medical record and his care plans. She indicated she did not realize his care plans only mention supervision with his ADL's. She indicated Resident E has declined in his abilities to perform his own care as much as he used to do. She indicated the care plan updates are currently the responsibility of the DON and the MDS staff.</p> <p>On 6-15-23 at 12:16 p.m., the DON provided a copy of a policy entitled, "Care Plan Protocol." This undated policy was indicated to be the current policy in use by the facility. It indicated, "Regulation requires that care plans be completed or modified within 7 days of Completion date of the comprehensive assessments. Facilities should also evaluate the appropriateness of the care plan after each Quarterly assessment and modify the</p>				<p><i>required by the provisions of federal and state law.</i></p> <p>1) Immediate actions taken for those residents identified: Identified resident E was assessed and care plans reviewed and revised for accuracy compared with minimum data set (MDS) assessment.</p> <p>2) How the facility identified other residents: An audit was conducted of residents in facility, comparing the MDS assessments and ADL care plan and care plans were reviewed and updated as indicated.</p> <p>3) Measures put into place/ System changes: In-service conducted for nursing staff and the interdisciplinary team to review procedures for revising ADL care plans within 7 days upon MDS assessment completion. ADL care plans will be revised within 7 days of completion of MDS assessment that reveals a change in assistance required with any ADL.</p> <p>4) How the corrective actions will be monitored: The Director of Nursing and/or MDS Coordinator will audit ADL care plans to ensure the ADL care plan was revised if needed, within 7 days of the completion of MDS assessment and accurately reflect</p>		

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F 0689 SS=D Bldg. 00	<p>care plan if necessary. The care plan should be revised on an on-going basis to reflect changes in the resident and the care the resident is receiving...The care plan must be periodically reviewed and revised, and the services provided or arranged must be in accordance with each resident's written plan of care..."</p> <p>This Federal tag relates to Complaint IN00410146.</p> <p>3.1-35(a) 3.1-35(b)(1) 3.1-35(c)(1) 3.1-35(e)</p> <p>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</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review, the facility failed to ensure full body and sit to stand type mechanical lifts routinely have the number of staff persons to operate the lifts as recommended by the manufacturer or the resident's care plan for 1 of 3 residents reviewed for mechanical lift use. (Resident B)</p>		F 0689	<p>resident status. Any issues identified will be immediately addressed. The audit will be completed 5 times per week for 4 weeks, 3 times per week for 4 weeks, 1 time per week for 4 weeks. If the audit is required past the 3 months, it will remain 1 time per week until the 6 months or 100% compliance is achieved for 3 months.</p> <p>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.</p> <p>5) Date of compliance: 6-23-2023</p> <p>F689 Free of Accident Hazards/Supervision/Devices</p> <p>The facility requests paper compliance for this citation</p> <p><i>This Plan of Correction is the</i></p>		06/23/2023	

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	<p>Findings include:</p> <p>The clinical record of Resident B was reviewed on 6-14-23 at 11:35 a.m. Her diagnoses included but were not limited to, morbid obesity, venous insufficiency, peripheral vascular disease, atrial fibrillation, polyneuropathy, generalized osteoarthritis and hypertension. Her most recent quarterly Minimum Data Set (MDS) assessment, dated 5-5-23, indicated she is cognitively intact, requires extensive assistance of two or more persons with bed mobility, transfers and toileting, is non-ambulatory and requires the use of a wheelchair for mobility.</p> <p>In an interview with Resident B on 6-14-23 at 10:40 a.m., she indicated she requires the use of sit to stand type of a mechanical lift for transfers. She indicated recently, she has observed the facility now only uses one staff member, whereas the facility used to have two staff members to operate the lifts and attributes this to limited staffing numbers. She indicated she is unsure what the facility's current policies and procedures are regarding the number of staff required to operate the lifts, but thinks it is more safe with two persons.</p> <p>In a care observation of the sit to stand style mechanical lift for Resident B on 6-14-23 at 1:16 p.m., two staff persons were observed to operate the mechanical lift.</p> <p>A review of Resident B's care plans for "Self-Care Deficit as Evidenced by: Needs assistance with ADL's [activities of daily living] related to weakness and osteoporosis." This care plan was indicated to have been initiated on 1-13-18 with the most recent revision listed as 2-24-23. An</p>				<p><i>center's credible allegation of compliance.</i></p> <p><i>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.</i></p> <p>1) Immediate actions taken for those residents identified: Resident B's care plans updated to be corrected and MDS assessment updated to be accurate with the sit to stand lift manual.</p> <p>2) How the facility identified other residents: All residents using mechanical lift and sit to stand lift were reviewed to ensure transfer care plans were correct for the lift type used and the number of staff required for the transfer.</p> <p>3) Measures put into place/ System changes: In-service conducted for nursing staff (RNs, LPNs, QMAs & CNAs) re-educating about proper usage of mechanical lift and sit to stand lift using the facility's policy. The facility policy is to follow the manufacturer's' guidelines about</p>		

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	<p>intervention was listed as, "Assist with Transfer: Two person extensive physical assistance required sit to stand lift."</p> <p>In an interview with the Director of Nursing (DON) on 6-15-23 at 10:55 a.m., she indicated she prefers for the staff to operate all mechanical lifts to always be operated by two staff members. She indicated the facility does follow the manufacturer's guidelines which recommend one person operation for the sit to stand style mechanical lift and two persons to operate the full body mechanical lift. "Unfortunately, there may be times where there may only be one person available [to operate either style of lift]."</p> <p>On 6-15-23 at 10:05 a.m., the Maintenance Director provided a copy of a protocol for "Using Full-Body, Comfort and Heavy-Duty One-Piece Style Slings," reference material from the facility's manufacturer for the use of the full-body mechanical lift. This information indicated two persons should assist the resident to be positioned onto the sling prior to use of the mechanical lift.</p> <p>On 6-15-23 at 10:17 a.m., the Executive Director provided a copy of a policy entitled, "Transfers-Manual Gait Belts and Mechanical Lifts." This policy had a revision date of 11-2022 and was identified as the current policy in use by the facility. This policy indicated, "To protect the safety and well-being of the Staff and Residents, and to promote quality care, this facility will use Mechanical lifting devices for the lifting and movement of Residents...Mechanical lifting devices shall be used for any resident needing two person assist, or who cannot be transferred comfortably and/or safely by normal transfer technique. Except during emergency situations or</p>		<p>lift operation.</p> <p>4) How the corrective actions will be monitored: The Director of Nursing and/or designee will complete supervision check offs of random nursing staff when mechanical lift and/or sit to stand lift is being used. Any issues identified will be immediately addressed. A check off will be completed 5 times per week for 4 weeks, 3 times per week for 4 weeks, 1 time per week for 4 weeks. If the audit is required past the 3 months, it will remain 1 time per week until the 6 months or 100% compliance is achieved for 3 months. 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.</p> <p>5) Date of compliance: 6-23-2023</p>				

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	<p>unavoidable circumstances, manual lifting is not permitted. Staff responsible for direct resident care will be trained in the use of mechanical lifting devices annually and as needed. Refer to Manufacturer's Guide for proper instructions for use of equipment for transfer...Resident transferring and lifting needs shall be documented in care plans and reviewed via care plan time frame and as needed..."</p> <p>This Federal tag relates to Complaint IN00410146.</p> <p>3.1-45(a)(1) 3.1-45(a)(2)</p>						