

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

PRINTED: 10/19/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155183		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/21/2022	
NAME OF PROVIDER OR SUPPLIER WATERS OF MARTINSVILLE, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 2055 HERITAGE DR MARTINSVILLE, IN 46151			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 14, 15, 16, 19, 20, and 21, 2022</p> <p>Facility number: 000096 Provider number: 155183 AIM number: 100290890</p> <p>Census Bed Type: SNF/NF: 62 Total: 62</p> <p>Census Payor Type: Medicare: 3 Medicaid: 40 Other: 19 Total: 62</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed September 23, 2022.</p>			F 0000	<p>Deficiency ID: F _ 0000 Completion Date: September 21, 2022</p> <p>Plan of Correction Text: Preparation and/or execution of this plan of correction in general, or this corrective action in particular, 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. Facility's date of alleged compliance is: October 13, 2022. Facility is respectfully requesting paper compliance for all deficiencies in this POC.</p>		
F 0679 SS=E Bldg. 00	<p>483.24(c)(1) Activities Meet Interest/Needs Each Resident §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident,</p>						

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 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 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>encouraging both independence and interaction in the community.</p> <p>Based on observation, interview, and record review, the facility failed to provide activities designed to meet a resident's needs and interests for 7 or 12 residents reviewed for activities. (Resident 21, Resident 17, Resident 8, Resident 51, Resident 3, Resident 24, Resident 53)</p> <p>Findings include:</p> <p>1. On 9/15/2022 at 10:34 a.m., Resident 21 was observed sitting in a wheelchair in the hallway. No activity was being provided at the time.</p> <p>On 9/15/2022 at 11:03 a.m., Resident 21 was observed sitting at a table in the dining room. No activity was being provided at the time.</p> <p>On 9/15/2022 at 1:41 p.m., Resident 21 was observed to be asleep in bed.</p> <p>On 9/16/2022 at 11:01 a.m., Resident 21 was observed lying in bed awake. No music or TV (television) was playing.</p> <p>On 9/19/2022 at 10:28 a.m., Resident 21 was observed lying in bed awake. No music or TV was playing.</p> <p>On 9/19/2022 at 12:45 p.m., Resident 21 was observed lying in bed awake. No music or TV was playing.</p> <p>On 9/20/2022 at 12:13 p.m., Resident 21 was observed to be asleep in bed.</p> <p>On 9/20/2022 at 3:14 p.m., Resident 21 was observed sitting in a wheelchair at the front desk.</p>			F 0679	<p>It is the policy of the facility to provide an ongoing program of Activities designed to meet, in accordance with the comprehensive assessment, the interests, and the physical, mental, and psychosocial well-being of the residents. Resident #21, #8, #51, #3, #24, and #53 was assessed for activity Preferences. Care Plans were reviewed and revised as needed All residents have the potential to be affected by the alleged deficient practice.</p> <p>An audit will be completed by 10/13/2022 on current resident's activity care plans to determine that individual activity /preferences were included. Care plans were reviewed and revised as necessary Resident preferences will be reviewed at admission, quarterly, annually, and with significant changes and reviewed at scheduled care plan meetings for any changes.</p> <p>The Administrator will in-service the Activity Director and activity staff. on requirements set forth in F679 regarding the provision of activities, and the importance of holding activities to support residents in their choice of activities by 10/13/2022.</p> <p>Activity Director and/or designee will complete an activity audit to ensure the residents have an</p>		10/13/2022

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	<p>On 9/20/2022 at 2:30 p.m., Resident 21's clinical record was reviewed. The diagnosis included, but was not limited to, Alzheimer's disease.</p> <p>The Annual Minimum Data Set (MDS) assessment, dated 7/18/2022, indicated it was somewhat important to do her favorite activity and very important to go outside when the weather was good.</p> <p>A care plan, initiated on 9/15/2022, and current through target date 11/04/2022, for Resident 21 indicated, "... Focus: [Resident name] ... Watches TV, snacks, socializes with staff ... has expressed other activity/leisure interests, music, reminiscing, trivia ... Goal: [Resident name] will work toward attending weekly group activities ... will continue to actively participate and voice her pleasure in all activities she attends ... Interventions: Staff will provide [Resident name] with group activity invites on a weekly basis. They will encourage her to engage and voice her pleasure with all activities she attends ..."</p> <p>A review on 9/21/2022 at 10:00 a.m., of the Activity Participation Documentation Survey Report for Resident 21 indicated: August 2022-Resident 21 participated in 10 activities. September 2022-Resident 21 participated in 5 activities from September 1 through September 20, 2022.</p> <p>The Activity Participation Documentation Survey for August 2022 and September 2022 lacked documentation of Resident 21 refusing to attend activities.</p> <p>2. On 9/15/2022 at 11:03 a.m., Resident 17 was observed sitting at a table in the dining room. No</p>				<p>accurate and individualized plan of care in place, and documentation of participation/attendance twice weekly for four weeks, then once a week for eight weeks, then bi-weekly for three months until no further concerns are observed. The results of the audits will be reported monthly to the Facility QA committee for evaluation of compliance, ongoing monitoring for continuous improvement, and to determine if any modifications to the action plan are necessary after the implementation</p> <p>10/13/2022</p>		

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	<p>activity was being provided at the time.</p> <p>On 9/15/2022 at 1:42 p.m., Resident 17 was observed to be asleep in bed.</p> <p>On 9/16/2022 at 11:02 a.m., Resident 17 was observed lying in bed awake. No music or TV was playing.</p> <p>On 9/19/2022 11:45 a.m., Resident 17 was observed lying in bed awake. No music or TV was playing.</p> <p>On 9/19/2022 at 1:11 p.m., Resident 17 was observed lying in bed awake. No music or TV was playing.</p> <p>On 9/20/2022 at 3:15 p.m., Resident 17 was observed to be asleep in bed.</p> <p>On 9/20/2022 at 2:45 p.m., Resident 17's clinical record was reviewed. The diagnoses included, but were not limited to, Alzheimer's disease and hemiplegia of the right side (a symptom that involves one-sided paralysis).</p> <p>The Significant Change Minimum Data Set (MDS) assessment, dated 4/1/2022, indicated it was somewhat important to do things with a group of people, very important to go outside when the weather was good and music was very important.</p> <p>A care plan, initiated on 7/19/2022, and current through target date 10/27/2022, for Resident 17 indicated, "... Focus: [Resident name] ... has expressed a past interest in country music, soap operas, snacking, dogs, horses and the outdoors ... Goal: [Resident name] will accept staff assistance with sensor stimulation and/or individual programming visits for her current health status ... Interventions: Staff will provide</p>						

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	<p>[Resident name] with weekly sensory stimulation and/or individual programming based on her past interests..."</p> <p>A review on 9/21/2022 at 10:15 a.m., of the Activity Participation Documentation Survey Report for Resident 17 indicated: August 2022-Resident 17 participated in 7 activities. September 2022-Resident 17 participated in 5 activities from September 1 through September 20, 2022.</p> <p>The Activity Participation Documentation Survey for August 2022 and September 2022 lacked documentation of Resident 17 refusing to attend activities.</p> <p>3. On 9/15/2022 at 11:29 a.m., Resident 8 was observed in the activity room in a broda (reduces falls) chair. No activity was being provided at the time.</p> <p>On 9/15/2022 at 1:59 p.m., Resident 8 was observed lying in bed awake. No music or TV was playing and the resident did not have a magazine.</p> <p>On 9/16/2022 at 11:09 a.m., Resident 8 was observed sitting in the activity room in a broda chair. No activity was being provided at the time.</p> <p>On 9/19/2022 at 10:47 a.m., Resident 8 was observed lying in bed awake. No music or TV was playing and the resident did not have a magazine.</p> <p>On 9/19/2022 at 1:12 p.m., Resident 8 was observed lying in bed awake. No music or TV was playing and the resident did not have a magazine.</p> <p>On 9/20/2022 at 3:33 p.m., Resident 8 was</p>						

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	<p>observed to be asleep in bed.</p> <p>On 9/20/2022 at 3:00 p.m., Resident 17's clinical record was reviewed. The diagnoses included, but were not limited to, dementia and hydrocephalus (the build-up of fluid in the cavities deep within the brain).</p> <p>The Significant Change Minimum Data Set (MDS) assessment, dated 12/30/2022, indicated resident was not able to be assessed for activity preferences.</p> <p>A review of the Activity Resident Interview dated 6/30/2022, for Resident 8 indicated it was somewhat important to have books, newspapers and magazines to read, very important to listen to music, very important to do favorite activities and very important to go outside when the weather was good.</p> <p>A care plan, initiated on 11/11/2021, and current through target date 10/04/2022, for Resident 8 indicated, "... Focus: [Resident name] is now a hospice patient. He loves hunting, fishing, outdoor magazines, and reminiscing. He also enjoys TV land shows, country music, visits from his son, and reminiscing about his maintenance job ... Goal : [Resident name] will accept outdoor magazines, social interactions, snacks, and more from staff (as needed) to maintain his independent leisure pursuits. Interventions: Staff or hospice will provide with weekly 1:1 visits ... Staff will provide [resident name with leisure material (as needed). Staff will praise [resident name] for maintaining his independence with leisure pursuits...."</p> <p>A review on 9/21/2022 at 10:30 a.m., of the Activity Participation Documentation Survey</p>						

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	<p>Report for Resident 8 indicated: August 2022-Resident 8 participated in 6 activities. September 2022-Resident 8 participated in 3 activities from September 1 through September 20, 2022.</p> <p>The Activity Participation Documentation Survey for August 2022 and September 2022 lacked documentation of Resident 8 refusing to attend activities.</p> <p>4. On 9/14/2022 at 11:26 a.m., Resident 51 was observed to be asleep in bed.</p> <p>On 9/16/2022 at 11:22 a.m., Resident 51 was observed lying in bed awake. The TV was on however the volume was turned down.</p> <p>On 9/19/2022 at 10:35 a.m., Resident 51 was observed to be asleep in bed.</p> <p>On 9/20/2022 at 11:12 a.m., Resident 51 was observed lying in bed awake.</p> <p>On 9/20/2022 3:34 p.m., Resident 51 was observed lying in bed asleep.</p> <p>On 9/20/2022 at 3:15 p.m., Resident 51's clinical record was reviewed. The diagnoses included, but were not limited to, cerebral vascular accident and hemiplegia.</p> <p>The Significant Change Minimum Data Set (MDS) assessment, dated 8/25/2022, indicated resident was not able to be assessed for activity preferences.</p> <p>A review of the Activity Resident Interview, dated 3/12/2022, indicated the resident was not able to</p>						

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	<p>be assessed for activity preferences.</p> <p>A care plan, initiated on 11/14/2022, and current through target date 12/13/2022, for Resident 51 indicated, "... Focus: [Resident name] enjoyed TV, socializing and snacking in her free time. She attended weekly bingo, card games, crafts, cooking, special events and more ... Goal : [Resident name] will accept weekly sensory stimulation and/or individual programming visits that involve her past interests ... Interventions: Staff will conduct weekly sensory stimulation and/or individual programming visits with resident that involve her past leisure interests ..."</p> <p>A review on 9/21/2022 at 11:30 a.m., of the Activity Participation Documentation Survey Report for Resident 51 indicated: August 2022-Resident 51 participated in 2 activities from August 20 through August 31, 2022. Resident was in the hospital August 1 through August 17, 2022. September 2022-Resident 51 participated in 1 activity from September 1 through September 20, 2022.</p> <p>The Activity Participation Documentation Survey for August 2022 and September 2022 lacked documentation of Resident 8 refusing to attend activities.</p> <p>On 9/20/2022 at 12:00 p.m., The Activity Calendar posted for September 20, 2022 indicated:</p> <p>-9:30 a.m., Morning Circle -10:00 a.m., Sittercisers-Dining Room -11:00 a.m., Smoke Social -2:15 p.m., Bingo-Dining Room -4:00 p.m., Card Games</p>						

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	<p>The posted Activity Calendar on the wall across from the Front desk lacked the 9:30 a.m., Morning Circle and the 10:00 a.m., Sittercisers.</p> <p>During an interview on 9/20/2022 at 12:20 p.m., the Activities Director indicated the morning activities on 9/20/2022, had not happened because of lack of staff. There were no activities for non-smokers until the 2:15 p.m., bingo game. The two calendars did not match because of lack of staff to complete the activity. Some of the activities listed had not been getting done but it was her goal to eventually provide all the activities on the calendar. If a resident refused to participate in an activity it would have been charted as refused on the Activity Participation Documentation Survey.</p> <p>5. During an observation on 9/15/22 at 2:05 p.m. through 09/15/22 at 2:13 p.m., the scheduled activity of Sing-Along was not observed.</p> <p>During an observation on 9/16/22 at 9:55 a.m. through 9/16/22 at 10:14 a.m., the scheduled activity of Sittercisers (sitting while exercising) was not observed.</p> <p>On 9/19/22 at 10:19 a.m., Resident 3 was observed to be sitting at a table in the dining room. The scheduled activity of Sittercisers was not observed.</p> <p>On 9/19/22 at 11:10 a.m., Resident 3's clinical record was reviewed. The diagnoses included, but were not limited to, dementia and anxiety.</p> <p>The Activity Resident Interview, dated 6/25/22 at 1:40 p.m., indicated the following: -It was very important for Resident 3 to have books, newspapers, and magazines to read. -It was very important for Resident 3 to listen to music.</p>						

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	<p>-It was somewhat important for Resident 3 to keep up with the news.</p> <p>-It was somewhat important for Resident 3 to do things with groups of people.</p> <p>-It was very important for Resident 3 to do her favorite activities.</p> <p>-It was very important for Resident 3 to go outside to get fresh air when the weather was good.</p> <p>A care plan, initiated on 7/4/22 and current through target date 10/4/22, indicated Resident 3 enjoyed engaging in social interactions, joining sing-alongs, watching TV, listening to music, dancing, walking the unit with others, and getting outside when the weather was nice. Her goal was to continue to engage in sing-alongs weekly when given invites. Staff will provide her with daily cues to engage her in social interactions and leisure pursuits. Staff will provide her with weekly group activity invites, encouragement, and cues to stay active.</p> <p>The September Activity Calendar indicated the following:</p> <p>-On 9/15/22 at 2:00 p.m., Sing-Alongs</p> <p>-On 9/16/22 at 10:00 a.m., Sittercisers</p> <p>-On 9/19/22 at 10:00 a.m., Sittercisers</p> <p>The September 2022 Activity Participation log indicated the following:</p> <p>-On 9/15/22 at 1:59 p.m., Resident 3 actively participated in exercise.</p> <p>The September 2022 Activity Participation log lacked documentation of Sing A-long on 9/15/22 at 2:00 p.m. The log lacked documentation of any activity participation on 9/16/22 and 9/19/22.</p> <p>During an interview on 9/20/22 at 10:41 a.m., Qualified Medication Aide (QMA) 1 indicated the</p>						

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	<p>scheduled activities were completed by the activity department.</p> <p>During an interview on 9/20/22 at 11:37 a.m., the Activity Director (AD) indicated Resident 3 would participate in scheduled group activities like sittercisers and sing-along. She had a staff member coming in at 11:30 a.m. and at 4:00 p.m. for activities. On 9/16/22 and 9/19/22, she had no staff to complete the morning activities and had no staff on 9/15/22 for the afternoon activities.</p> <p>6. During an observation on 9/15/22 at 2:05 p.m. through 09/15/22 at 2:13 p.m., the scheduled activity of Sing-Along was not observed.</p> <p>During an observation on 9/16/22 at 9:55 a.m. through 9/16/22 at 10:14 a.m., the scheduled activity of Sittercisers (sitting while exercising) was not observed.</p> <p>On 9/19/22 at 10:10 a.m., Resident 24 was observed to be ambulating in the hallway. The scheduled activity of Sittercisers was not observed.</p> <p>On 9/19/22 at 10:40 a.m., Resident 24's clinical record was reviewed. The diagnoses included, but were not limited to, dementia and anxiety.</p> <p>The Activity Resident Interview, dated 8/10/22 at 3:30 p.m., indicated the following:</p> <ul style="list-style-type: none"> -It was somewhat important for Resident 24 to have books, newspapers, and magazines to read. -It was very important for Resident 24 to listen to music. -It was very important for Resident 24 to be around animals such as pets. -It was very important for Resident 24 to keep up with the news. 						

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	<p>-It was very important for Resident 24 to do things with groups of people.</p> <p>-It was very important for Resident 24 to do her favorite activities.</p> <p>-It was very important for Resident 24 to go outside to get fresh air when the weather was good.</p> <p>-It was somewhat important for Resident 24 to participate in religious services or practices.</p> <p>A care plan, initiated on 8/13/22 and current through target date 11/15/22, indicated Resident 24 enjoyed vacations, camping, riding motorcycle with husband, and pets. Her goal was to respond to weekly sensory stimulation and independent programs. Staff will utilize her past interests to engage her in weekly sensory stimulation and/or independent program visits weekly.</p> <p>Resident 24's September 2022 Activity Participation log lacked documentation of sensory stimulation.</p> <p>During an interview on 9/20/22 at 10:45 a.m., Qualified Medication Aide (QMA) 1 indicated Resident 24 liked to take walks. She won't sit still for activities.</p> <p>During an interview on 9/20/22 at 11:37 a.m., the Activity Director (AD) indicated Resident 24 liked to go on walks around the facility. She was on sensory stimulation. Sensory stimulation would be documented on the Activity Participation log.</p> <p>7. During an observation on 9/15/22 at 2:05 p.m. through 09/15/22 at 2:13 p.m., the scheduled activity of Sing-Along was not observed.</p> <p>During an observation on 9/16/22 at 9:55 a.m. through 9/16/22 at 10:14 a.m., the scheduled</p>						

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	<p>activity of Sittercisers (sitting while exercising) was not observed.</p> <p>On 9/19/22 at 10:16 a.m., Resident 53 was observed to be sitting in her chair in her room. She was eating a snack. The scheduled activity of Sittercisers was not observed.</p> <p>On 9/20/22 at 10:30 a.m., Resident 53's clinical record was reviewed. The diagnoses included, but were not limited to, dementia and anxiety.</p> <p>The Activity Resident Interview, dated 8/12/22 at 3:00 p.m., indicated the following:</p> <ul style="list-style-type: none"> -It was somewhat important for Resident 53 to have books, newspapers, and magazines to read. -It was somewhat important for Resident 53 to listen to music. -It was somewhat important for Resident 53 to keep up with the news. -It was very important for Resident 53 to do things with groups of people. -It was very important for Resident 53 to do her favorite activities. -It was somewhat important for Resident 53 to go outside to get fresh air when the weather was good. -It was very important for Resident 53 to participate in religious services or practices. <p>A care plan, initiated on 2/23/22 and current through target date 12/6/22, indicated Resident 53 enjoyed watching TV, engaging in some social interactions, listening to country music, reading newspapers and magazines, going outside when the weather was nice, and joining sing-along groups when given cues. Her goal was to continue to engage weekly activities when given invites. Staff will provide her with daily cues to engage her in social interactions and leisure</p>						

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F 0687 SS=D Bldg. 00	<p>pursuits. Staff will provide her with weekly group activity invites, encouragement, and cues to stay active.</p> <p>The September Activity Calendar indicated the following: -On 9/15/22 at 2:00 p.m., Sing-Alongs -On 9/16/22 at 10:00 a.m., Sittercisers -On 9/19/22 at 10:00 a.m., Sittercisers</p> <p>The September 2022 Activity Participation log lacked documentation of any activity participation on 9/16/22 and 9/19/22.</p> <p>During an interview on 9/20/22 at 11:37 a.m., the Activity Director (AD) indicated Resident 53 would participate in scheduled group activities like sittercisers and sing-along. She had a staff member coming in at 11:30 a.m. and at 4:00 p.m. for activities. On 9/16/22 and 9/19/22, she had no staff to complete the morning activities and had no staff on 9/15/22 for the afternoon activities.</p> <p>On 9/21/22 at 11:42 a.m., the Administrator provided the facility's policy, "Activities Program," undated, and indicated it was the policy being used by the facility. A review of the policy indicated, "...Facility will offer activities both individual and group to enhance the physical, mental, and psychosocial well-being of residents, taking into consideration any limitations that the resident's might have individually or as a group..."</p> <p>3.1-33(a)</p> <p>483.25(b)(2)(i)(ii) Foot Care §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and</p>						

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	<p>good foot health, the facility must:</p> <p>(i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and</p> <p>(ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments.</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents received care to maintain good foot health for 1 of 3 residents reviewed for Activities of Daily Living. The resident's toenails were not trimmed. (Resident 25)</p> <p>Finding includes:</p> <p>During an interview on 9/15/22 at 2:52 p.m., Resident 25 indicated she needed her toenails trimmed because the nails were growing into the sides of her toes and causing pain. She indicated she had asked to be put on the list for a podiatry exam, however, she had never seen the doctor. "The nurses don't want to cut them because I'm diabetic." At that time, the resident's feet were observed. The resident's feet were observed with long, cracked, and peeling toenails present, and the nails were curling towards the skin of the other toes.</p> <p>On 9/16/22 at 10:20 a.m., Resident 25's clinical record was reviewed. The diagnoses included, but were not limited to, type 2 diabetes mellitus, polyneuropathy (a condition in which a person's peripheral nerves are damaged), muscle weakness, and lack of coordination.</p>			F 0687	<p>It is the policy of this facility to ensure residents receive appropriate care and services to maintain the health and hygiene of their feet. Ensure residents feet are inspected on a regular basis to ensure that any infections or skin breakdown are identified in a timely manner. Resident 25's toenails have been trimmed. All residents have the potential to be affected by the alleged deficient practice. All resident's toenails have been assessed. Any resident requiring podiatry services has been referred to the podiatrist, and the resident and/or family representative has been contacted to sign consent for treatment. The administrator/ designee will in-service social services on the importance of timely foot care. The Director of Nursing will in-service licensed nursing staff on noting podiatry needs during weekly skin assessments and placing those individuals on the podiatry list. By 10/12/2022 DON and /or designee will</p>		10/13/2022

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	<p>An Admission MDS (Minimum Data Set) assessment, dated 8/2/22, indicated the resident was cognitively intact and required the extensive assistance of one staff member for personal hygiene.</p> <p>A progress note, dated 9/21/22 at 1:33 p.m., indicated social services attempted to get the resident seen by podiatry a couple of weeks ago, however, they were unable to take her due to their maximum capabilities of residents for the day. The nurse assessed the resident's nails again and did a little trim on a couple of nails, however, they were unable to trim all of her toenails.</p> <p>During an interview on 9/20/22 at 12:56 p.m., the Social Services Director (SSD) indicated the podiatrist was in the facility a week ago, but he refused to see the resident because he had 40 residents on his case load. The SSD scheduled the resident for the November podiatry visit, however, the resident indicated she wanted her toenails cut as soon as possible. Since the nurses could not cut the resident's nails, due to her being diabetic, the facility would try to get her to an outpatient service to treat her nails.</p> <p>On 9/20/22 at 12:58 p.m., the SSD provided a "REQUEST FOR SERVICE" form signed by the resident. The form was dated 9/20/22 and the resident requested podiatry services. No prior dated consents were provided.</p> <p>On 9/21/22 at 11:42 a.m., the Administrator provided the facility policy, "NAIL CARE," undated, and indicated it was the policy currently being used. A review of the policy indicated, "It is the policy of the facility to provide personal hygiene needs and to promote health, safety and the prevention of infection. This includes clean,</p>				<p>assess/audit six residents feet weekly for four weeks, then three residents weekly for eight weeks, then three residents bi-weekly for three months until no further concerns are observed. The results of the audits will be reported monthly to the Facility QA committee for evaluation of compliance, ongoing monitoring for continuous improvement, and to determine if any modifications to the action plan are necessary after the implementation</p>		

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F 0804 SS=E Bldg. 00	<p>smooth nails at a well-groomed safe length acceptable to the resident."</p> <p>On 9/21/22 at 2:30 p.m., the Director of Nursing provided the facility policy, "Resident Rights," undated, and indicated it was the policy currently being used. A review of the policy indicated, "...Planning and implementing care...The right to reside and receive services in the facility with reasonable accommodation of your needs and preferences..."</p> <p>3.1-47(a)(7)</p> <p>483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp §483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, and record review, the facility failed to provide food that had an appetizing taste and appearance for 7 of 7 residents reviewed for food quality. (Resident 9, Resident 15, Resident 25, Resident 26, Resident 47, Resident 59, Resident 63).</p> <p>Findings include:</p> <p>During an interview on 9/15/22 at 1:38 p.m., Resident 9 indicated the food doesn't taste good. He indicated the food was overcooked.</p>			F 0804	<p>It is the policy of this facility to ensure that all residents receive meals that are nourishing, attractive, palatable, and will have considered religious, cultural, and ethnic needs.</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>The administrator and/or designee will meet with resident council to discuss food preferences,</p>		10/13/2022

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	<p>During an interview on 9/16/22 at 12:22 p.m., Resident 15 indicated, "It's [the food] disgusting. It's not even worth talking about."</p> <p>During an interview on 9/15/22 at 2:46 p.m., Resident 25 indicated the food was not very good. It was often overcooked and she could not eat it because she didn't have teeth.</p> <p>During an interview on 9/15/22 at 11:21 a.m., Resident 26 indicated, "The food is disgusting. They always serve pork, and then the very next recipe will be something with leftovers."</p> <p>During an interview on 9/16/22 at 2:33 p.m., Resident 47 indicated the food was awful.</p> <p>During an interview on 9/14/22 at 3:01 p.m., Resident 59 indicated the food was either not cooked all the way or overcooked. The food does not taste or look good.</p> <p>During an interview on 9/16/22 at 12:26 p.m., Resident 63 indicated the food was not very good and was often served cold.</p> <p>On 9/19/22 at 12:30 p.m., a test tray was obtained. The menu included taco salad, Mexican rice, and apple cobbler. The taco salad was dry. The taco meat was chunky and dry. The apple cobbler was dry.</p> <p>On 9/20/22 at 12:24 p.m., a test tray was obtained. The menu included pasta with meatballs on top, green beans, and fruit cup. The meatballs were hard to cut and had no taste. The pasta and green beans were overcooked and had no taste.</p> <p>During an interview on 9/20/22 at 1:12 p.m.,</p>				<p>palatability, and taste monthly for the next quarter.</p> <p>The administrator/ Dietary Manager/designee will monitor/audit meals for six residents weekly for four weeks, then three residents weekly for four weeks, then three residents biweekly for four twelve weeks, then three residents monthly for two months. To ensure compliance with the meal service process palatability and temperatures.</p> <p>The results of the audits will be reported monthly to the Facility QA committee for evaluation of compliance, ongoing monitoring for continuous improvement, and to determine if any modifications to the action plan are necessary after the implementation</p>		

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F 0805 SS=D Bldg. 00	<p>Resident 15 indicated the food looked so gross that he didn't even want to eat it.</p> <p>During an interview on 09/20/22 at 2:47 p.m., Resident 26 indicated he didn't eat lunch because it looked disgusting.</p> <p>During an interview on 9/20/22 at 1:14 p.m., Resident 47 indicated he did not eat lunch. The meatball and pasta looked "gross."</p> <p>On 9/21/22 at 3:30 p.m., the Regional Director of Operations indicated they did not have a policy of food having an appetizing taste.</p> <p>3.1-21(a)(1) 3.1-21(a)(2)</p> <p>483.60(d)(3) Food in Form to Meet Individual Needs §483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(3) Food prepared in a form designed to meet individual needs.</p> <p>Based on observation, interview, and record review, that facility failed to ensure a resident's menu choice and required texture were met for 1 of 7 residents reviewed for food (Resident 25).</p> <p>Findings include:</p> <p>During an interview on 9/15/22 at 2:46 p.m., Resident 25 indicated she was unable to eat a lot of the food due to the texture being tough and not having any natural teeth. "It's overcooked and I can't chew up a lot of the food they serve me." She indicated her dentures did not fit and she</p>			F 0805	<p>It is the policy of this facility to ensure that all residents receive adequate nutrition and hydration in relation to the individual needs of the resident.</p> <p>All residents have the potential to be affected by the alleged deficient practice. However, no other residents were found to be affected.</p> <p>All dietary personnel in-serviced on meal tray accuracy. The dietary Manager, Director of Nursing, and/or designee will</p>		10/13/2022

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	<p>voiced frustration with eating the same foods day after day. "I eat a lot of sandwiches; peanut butter and jelly, grilled cheese, and I eat a lot of soup."</p> <p>On 9/16/22 at 10:20 a.m., Resident 25's clinical record was reviewed. The diagnoses included, but were not limited to, gastroesophageal reflux disease (GERD), muscle weakness, and lack of coordination.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 8/2/22, indicated the resident was cognitively intact and required limited assistance of one staff member with eating.</p> <p>A review of Resident 25's current, September, 2022 physician's orders indicated on 7/26/22, the resident was ordered a regular textured diet.</p> <p>A therapy communication note, dated 8/3/22, indicated the resident was downgraded to a mechanical soft diet per her request.</p> <p>On 9/20/22 at 1:01 p.m., Resident 25 was heard asking her roommate for food suggestions. "What other soft food would be a good alternative besides soup, peanut butter and jelly sandwiches, and grilled cheese? I'm sick of the same stuff."</p> <p>On 9/21/22 at 12:36 p.m., an observation of the resident's meal tray indicated she was delivered a regular textured Salisbury steak which had been cut up into bite-sized pieces. A review of her meal ticket indicated she was supposed to have a mechanical soft diet. At that time, the resident indicated staff had to cut up food that was not in a mechanical soft texture.</p> <p>During an interview on 9/21/22 at 12:46 p.m., the clinical nurse consultant indicated she would take</p>				<p>complete a facility audit on residents diets to ensure that the diets ordered match the tray card system.</p> <p>The dietary Manager or designee will complete a resident meal accuracy audit for six residents weekly for eight weeks, then six residents biweekly for twelve weeks, then three residents monthly for one month to assure diet consistency served matches the tray card and physician order. The results of the audits will be reported monthly to the Facility QA committee for evaluation of compliance, ongoing monitoring for continuous improvement, and to determine if any modifications to the action plan are necessary after the implementation</p>		

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F 0812 SS=E Bldg. 00	<p>care of the resident's meal not being in the ordered texture and was observed to leave the room with the meal ticket.</p> <p>On 9/21/22 at 2:30 p.m., the Director of Nursing provided the facility policy, "Resident Rights," undated, and indicated it was the policy currently being used. A review of the policy indicated, "...Self-determination...You have the right to make choices about aspects of your life in the facility that are significant to you..."</p> <p>1.3-21(a)(3)</p> <p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. Based on observation, interview, and record</p>			F 0812	It is the policy of this facility to		10/13/2022

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

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FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155183		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/21/2022	
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	<p>review, the facility failed to ensure expired foods were discarded and clean equipment was free from water for 1 of 2 kitchen observations.</p> <p>Findings include:</p> <p>During an initial kitchen tour on 9/15/22 at 9:44 a.m., with the Administrator and Regional Director present, a gallon of milk was observed in the walk-in refrigerator, with an expiration date of 9/7/22. In a small reach in refrigerator, 10 single serve containers of cottage cheese were observed, with an expiration date of 9/9/22. The Regional Director was observed to pull out the milk and cottage cheese containers. Four pans were observed stacked and stored in the clean rack with visible moisture present when separated from the stack. The administrator indicated the pans should be dry before they are stored.</p> <p>On 9/21/22 at 3:02 p.m., the Administrator provided the facility policy, "MACHINE DISHWASHING," dated April, 2017, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "...Once clean, pots and pans will be dried on a rack and will not be stacked until they are completely dry." At that time, the Administrator also provided the facility policy, "STORAGE OF REFRIGERATED/FROZEN FOODS," dated April, 2017, and indicated it was the policy currently being used. A review of the policy indicated, "...Foods will be used by its use-by-date, frozen or discarded..."</p> <p>A review of the "RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENTS," dated 11/13/2004, indicated, "...410 IAC 7-24-304 Equipment and utensils; air drying required. Sec. 304. (a) After cleaning and</p>				<p>follow and adhere to the guidelines regarding proper labeling and storage of food. All food items found in the refrigerator during the time of the survey were discarded immediately.</p> <p>All residents have the potential to be affected by the alleged deficient practice. However, no other residents were affected.</p> <p>All dietary personnel in-serviced by the administrator on Policy and Procedure for Food Storage and Labeling – with emphasis on proper labeling of items, including the open date and expiration date. The dietary Manager and/or designee will audit the storage of food in the refrigerator daily for 4 weeks, then weekly for eight weeks, then monthly for three months to ensure all items stored have appropriate labels per policy. The results of the audits will be reported monthly to the Facility QA committee for evaluation of compliance, ongoing monitoring for continuous improvement, and to determine if any modifications to the action plan are necessary after the implementation</p>		

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F 0921 SS=E Bldg. 00	<p>sanitizing, equipment and utensils: (1) shall be air-dried or used after adequate draining as specified in 21 CFR 178.1010(a), before contact with food..."</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p> <p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview, and record review, the facility failed to ensure the environment was safe, functional, and sanitary for 5 of 10 residents reviewed for environment. Walls were damaged, a bed frame was not clean, a pull cord was not clean, and a bathroom sink was not secured to the wall. (Resident 1, Resident 9, Resident 17, Resident 51, Resident 165)</p> <p>Findings include:</p> <p>1. On 9/16/22 at 9:45 A.M. and 9/20/22 at 10:40 A.M., Resident 1's room was observed to have a large pieces of wall paper peeled off of each wall. The east wall and adjacent walls had silver duck tape holding down the edges of the remaining wall paper. The plug and cord to the air conditioning unit were held to the wall with silver duck tape.</p> <p>2. On 9/15/22 at 1:37 P.M. and 9/20/22 at 11:05 A.M., 5 screw size holes were observed in the west wall of Resident 9's room.</p> <p>3. On 9/15/22 at 10:45 A.M. and 9/20/22 at 11:20 A.M., the sink in Resident 17's bathroom was observed to be pulling away from the wall. There</p>			F 0921	<p>It is the policy of this facility to undertake good faith efforts to provide a safe environment for residents, visitors, and employees through the development and maintenance of a sound Safety program.</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>Facility-wide walk-through was completed by the Administrator, Maintenance Director, and Housekeeping Supervisor to identify facility needed cleaning and repairs. Maintenance added identified needed facility repairs to preventative maintenance. Log and with the administrator's assistance prioritized needed repairs. The preventative maintenance log will be reviewed and initialed weekly for completed repairs</p> <p>The administrator/Maintenance Director and/or designee will round</p>		10/13/2022

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	<p>were 2 holes in the wall next to the toilet.</p> <p>4. On 9/15/22 at 11:30 A.M. and 9/20/22 at 11:30 A.M., a dried tan colored substance was observed on Resident 51's bedframe. The call light pull cord in the bathroom was stained a brown color.</p> <p>5. On 9/15/22 at 11:35 A.M. and 9/20/22 at 11:40 A.M., 3 nails were observed sticking out of the north and west walls of Resident 165's room. The north wall of the bathroom was damaged where a paper towel dispenser had been removed.</p> <p>During an interview on 9/21/22 at 12:23 P.M., the Director of Maintenance indicated the walls were in need of repair, the sink was in need of repair, and the pull cord in the bathroom and the bedframe were in need of cleaning.</p> <p>On 9/21/22 at 2:30 P.M., DON provided the Resident Rights policy, updated 3/15/17. A review of the resident rights indicated, "...you have the right to a safe, clean, comfortable and homelike environment..."</p> <p>3.1-19(f)</p>				<p>together twice a week for four weeks, then once a week for twelve weeks, then monthly for two months. Identified areas are placed on a Preventative Maintenance log for follow-up. The preventative maintenance log will be reviewed and initialed weekly for completed repairs. Cleaning issues identified will be immediately addressed and or placed on the deep cleaning schedule.</p> <p>The results of the audits will be reported monthly to the Facility QA committee for evaluation of compliance, ongoing monitoring for continuous improvement, and to determine if any modifications to the action plan are necessary after the implementation</p>		