

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

PRINTED: 10/27/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155126		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/07/2022	
NAME OF PROVIDER OR SUPPLIER  SPRINGS VALLEY MEADOWS				STREET ADDRESS, CITY, STATE, ZIP COD 457 S SR 145 FRENCH LICK, IN 47432			
(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.</p> <p>Survey dates: October 3, 4, 5, 6, and 7, 2022</p> <p>Facility number: 000054 Provider number: 155126 AIM number: 100287850</p> <p>Census Bed Type: SNF/NF: 72 Total: 72</p> <p>Census Payor Type: Medicare: 8 Medicaid: 43 Other: 21 Total: 72</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 13, 2022.</p>			F 0000	<p>This Plan of Correction constitutes the facility's written allegation of compliance for the deficiencies cited. The submission of this Plan of Correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report.</p> <p>This provider respectfully requests that this Plan of Correction be considered the letter of credible allegation of compliance and requests a desk review. If more information is needed to support this request, please contact the Executive Director, Skylar Whiteman, at 812-936-9991.</p>		
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> <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</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 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 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>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 record review and interview, the facility failed to ensure care plans were updated to reflect a resident's history of noncompliance for 1 of 20 residents reviewed for care plan revisions. (Resident 1)</p> <p>Findings include:</p> <p>The clinical record for Resident 1 was reviewed on 10/5/22 at 10:00 a.m. The diagnoses included, but were not limited to, atrial fibrillation, cognitive communication deficit, fracture of right fibula, heart failure, muscle weakness, unsteadiness on feet, and major depressive disorder, severe with psychotic features.</p> <p>The nurse's note, dated 9/10/22 at 12:53 a.m., indicated the resident was transferring himself without assistance and without calling for staff. He was refusing to wear his boot to his right lower extremity and was bearing full weight.</p>			F 0657	<p>Resident 1 had no negative outcome due to the alleged deficiency. Resident 1's care plan has been updated to reflect a history of non-compliance.</p> <p>All residents have the potential to be affected by the alleged deficient practice. A 100% audit will be completed for residents with history of noncompliance to ensure that all residents are care planned appropriately.</p> <p>IDT will complete daily review of facility activity report to monitor for noncompliance and update of care plans as needed. Nursing staff will be educated and in-serviced on documenting resident non-compliance and notifying appropriate individuals by the Clinical Education Nurse.</p> <p>To ensure compliance, the MDS</p>		11/04/2022

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	<p>The nurse's note, dated 9/10/22 at 11:15 a.m., indicated the resident continued to self transfer.</p> <p>The nurse's note, dated 9/11/22 at 9:59 a.m., indicated the resident remained noncompliant with the use of his walking boot and self transfers.</p> <p>The nurse's note, dated 9/12/22 at 12:57 p.m., indicated the resident remained noncompliant with transfers and not wearing his walking boot. He was also noncompliant with his isolation restriction.</p> <p>The nurse's note, dated 9/13/22 at 3:27 p.m., indicated the resident remained noncompliant with self transfers and his walking boot.</p> <p>The nurse's note, dated 9/14/22 at 9:02 p.m., indicated the resident was walking without his boot and stated he didn't want to wear it.</p> <p>The nurse's note, dated 9/14/22 at 9:03 p.m., indicated the resident continued to self transfer.</p> <p>The nurse's note, dated 9/24/22 at 1:44 p.m., indicated the nurse was making routine bed checks when the resident was observed sitting on the side of bed trying to ambulate. As the nurse entered, the resident dropped back onto the bed. The nurse requested assistance from 3 other staff members to assist the resident back into bed. The resident was educated on the use of his call light and fall prevention. The resident indicated he didn't care, and he'd do what he wanted.</p> <p>The nurse's note, dated 9/26/22 at 6:58 p.m., indicated the resident was walking without his walking boot and didn't want to wear it.</p> <p>The nurse's note, dated 9/28/22 9:28 a.m.,</p>				<p>Coordinator or designee will be responsible for completion of the Comprehensive Care Plan QA tool weekly times 4 weeks, monthly times 6 months, and quarterly until compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination for responsible employee.</p>		

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F 0692 SS=D Bldg. 00	<p>indicated the resident refused his walking boot.</p> <p>The nurse's note, dated 9/30/22 at 12:58 p.m., indicated the resident was walking without his boot and didn't want to wear it.</p> <p>The nurse's note, dated 9/30/22 at 10:42 p.m., indicated the resident had been noncompliant with care. He was frequently removing his oxygen and bi-pap machine. He was refusing his walking boot and was transferring himself from bed to his wheelchair without assistance.</p> <p>The nurse's note, dated 10/1/22 at 10:17 p.m., indicated the resident continued to be noncompliant with his bipap machine.</p> <p>The nurse's note, dated 10/2/22 at 10:17 p.m., indicated the resident continued to be noncompliant with his bipap machine.</p> <p>The clinical record lacked documentation of any care plans related to the resident's noncompliance with transfers, wearing his walking boot, or use of his bipap machine.</p> <p>During an interview on 10/6/22 at 2:46 p.m., the DON indicated they typically developed care plans for non-compliance. Resident 1 should definitely have had a care plan for non-compliance in place.</p> <p>3.1-35 (a) 3.1-35 (e)</p> <p>483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic</p>						

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	<p>gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on record review and interview, the facility failed to notify a physician of a resident's refusal to be weighed and when a resident had a weight gain greater than 3 pounds in one day for 2 of 18 residents reviewed for weight related to hydration status. (Residents 20 and 1)</p> <p>Findings include:</p> <p>1. The clinical record for Resident 20 was reviewed on 10/4/22 at 2:59 p.m. A Quarterly MDS (Minimum Data Set) assessment, dated 7/14/22, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, anemia, heart failure, hypertension, and depression.</p> <p>An open-ended physician's order, with a start date of 8/18/22, indicated the resident was to be weighed daily at 5:00 a.m. for congestive heart failure.</p>			F 0692	<p>Residents 1 and 20 had no negative outcome due to the alleged deficiency. Resident 20's physician has been notified of the refusal of daily weights. Resident 1's physician has been notified of refusal of weights and the weight gain. No new orders were received.</p> <p>All residents have the potential to be affected by the alleged deficient practice. A 100% audit of all residents with daily weight orders will be completed to ensure that physician has been notified of refusals and/or identified weight changes of 3lbs in 1 day or 5lbs in 1 week.</p> <p>DNS or designee will complete daily audit of residents with daily weights to monitor for appropriate</p>		11/04/2022

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	<p>The September 2022 EMAR/ETAR (Electronic Medication Administration Record/Electronic Treatment Administration Record) indicated the resident refused or the the daily weight was not obtained on the following dates:</p> <ul style="list-style-type: none"> <li>- 9/1/22, refused to get up,</li> <li>- 9/3/22, refused to get up,</li> <li>- 9/5/22, refused,</li> <li>- 9/6/22, not obtained,</li> <li>- 9/7/22, refused,</li> <li>- 9/11/22, refused,</li> <li>- 9/14/22, not obtained,</li> <li>- 9/15/22, refused,</li> <li>- 9/16/22, refused,</li> <li>- 9/20/22, refused,</li> <li>- 9/21/22, refused to get out of bed,</li> <li>- 9/23/22, refused,</li> <li>- 9/24/22, refused,</li> <li>- 9/25/22, refused,</li> <li>- 9/29/22, not obtained,</li> <li>- 9/30/22, refused.</li> </ul> <p>The clinical record lacked documentation that the physician had been notified of the resident refusal of the daily weights.</p> <p>During an interview on 10/06/22 at 2:17 p.m., RN 4 indicated the resident could be non-compliant with some care. If the resident refused to take medications or treatments more than one time, she would ask for the reasoning as to why they were refusing. She would chart that the resident refused and if it continued then she would document the refusal in the EMAR and a progress note. The MD would be notified. If there was a blank in the EMAR then it meant the medication or treatment was not administered or obtained.</p> <p>2. The clinical record for Resident 1 was reviewed</p>				<p>documentation and notifications. Licensed nurses will be educated and in-serviced on documenting resident refusals and notifying physician of refusals and/or weight changes by the Clinical Education Nurse.</p> <p>To ensure compliance, the Clinical Education Nurse or designee will be responsible for completion of the Refusal of Medication and Treatments QA tool weekly times 4 weeks, monthly times 6 months, and quarterly until compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination for responsible employee.</p>		

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	<p>on 10/5/22 at 10:00 a.m. The diagnoses included, but were not limited to, unspecified atrial fibrillation, heart failure, chronic respiratory failure with hypoxia and hypercapnia, and hypertension.</p> <p>The physician's order, dated 9/9/22, indicated staff were to obtain the resident's daily weights and to notify the physician of a weight gain of 3 lbs (pounds) in a day or 5 lbs in a week.</p> <p>The September 2022 Electronic Medication Administration Record indicated the following:</p> <ul style="list-style-type: none"> <li>- On 9/11/22 the resident weighed 314.9.</li> <li>- On 9/12/22 the resident weighed 318.8 which was a gain of 4 lbs in one day. The physician was not notified.</li> <li>- On 9/25/22, 9/26/22, and 9/27/22, the resident's weight was not obtained due to the resident's condition.</li> <li>- On 9/28/22, the resident refused to be weighed.</li> </ul> <p>The Weight Summary Report, indicated a weight of 306 lbs was entered for the resident by the Dietary Manager on 9/26/22, but lacked documentation of any additional weights on 9/25/22, 9/27/22, or 9/28/22.</p> <p>The clinical record lacked documentation of what the resident's condition was that limited the ability to obtain his weight, or any notification to the physician of the weights not being obtained or the 4 lbs weight gain on 9/12/22.</p> <p>During an interview on 10/6/22 at 2:46 p.m., the DON indicated they notified the physician of any weight gain of 3 lbs in a day or 5 lbs in a week. Usually they would chart it on the EMAR. The weights taken on night shift would be called to the physician by the day shift staff. The resident</p>						

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	<p>was weighed with a mechanical lift. If he was refusing to be weighed, she would expect the physician to be notified. The record didn't specify when the resident's weight was not obtained, due to condition, what the condition was. If the resident was refusing she would expect them to document it and let the physician know.</p> <p>During an interview on 10/6/22 at 2:57 p.m., RN 10 indicated the resident was to be weighed daily, but had a right to refuse. There were a few days he did not want to get out of bed and he was weighed with a mechanical lift. He had just come back from the hospital, he was a little lethargic and he just wasn't awake or responsive enough to use a mechanical lift.</p> <p>During an interview on 10/6/22 at 3:04 p.m., RN 10 indicated she did not document where they notified the physician of the resident's weight not being obtained. She did not contact the physician and she did not have any documentation of it.</p> <p>The current facility policy titled, "Resident Refusal of Mediations, Treatments", with a revised 1/2015 was provided by the DON (Director of Nursing) on 10/07/22 at 9:34 A.M. The policy indicated, "...It is the policy of this facility to allow the resident the right to refuse services provided including medications, treatments, diagnostic tests or administration of ADL's...If the resident refuses administration of a medication or treatment for three (3) consecutive days, the physician and family will be contacted and made aware of the refusals...Documentation of the physician/family notification and any new orders/recommendations will be charted in the nursing progress notes...Repetitive non-compliance of physician orders:...A care plan conference will be scheduled with the resident</p>						



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F 0757 SS=D Bldg. 00	<p>and/or responsible party to discuss the continued non-compliance..."</p> <p>3.1-46</p> <p>483.45(d)(1)-(6) Drug Regimen is Free from Unnecessary Drugs §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-</p> <p>§483.45(d)(1) In excessive dose (including duplicate drug therapy); or</p> <p>§483.45(d)(2) For excessive duration; or</p> <p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>Based on observation, record review, and interview, the facility failed to follow physician's orders related to hold parameters for cardiac medications for 2 of 6 residents reviewed for unnecessary medications. (Residents 12 and 41)</p> <p>Findings include:</p> <p>1. On 10/4/22 at 9:16 a.m., Resident 12 was</p>			F 0757	<p>Residents 12 and 41 had no negative outcome due to the alleged deficiency. Resident 12's cardiac medication was discontinued on 10-1-2022. Resident 41's blood pressure medication was discontinued on 10-5-2022.</p> <p>All residents utilizing medications</p>		11/04/2022

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	<p>observed sitting in her wheelchair near the nurses' station. The resident's legs were swollen and wrapped in bandages. The resident was pleasantly confused, but there were no signs or symptoms of discomfort or distress.</p> <p>The resident's clinical record was reviewed on 10/4/22 at 3:48 p.m. An Admission MDS (Minimum Data Set) assessment, dated 7/6/22, indicated the resident was severely cognitively impaired. The diagnoses included, but were not limited to, atrial fibrillation, heart failure, hypertension, and diabetes.</p> <p>The physician's orders, with a start date of 8/19/22, indicated the resident received metoprolol tartrate (a cardiac medication). The staff were to administer 25 mg (milligrams) twice a day, once between 7:00 a.m. and 11:00 a.m., and once between 7:00 p.m. and 11:00 p.m. If the resident's heart rate was less than 60 bpm (beats per minute), the medication was to be held. The medication order was discontinued on 10/1/22.</p> <p>The resident's EMARs (Electronic Medication Administration Record) for August, September, and October 2022 were provided by the DON (Director of Nursing) on 10/6/22 at 4:04 p.m. The metoprolol medication was administered when the resident's heart rate was below 60 on the following dates and times:</p> <ul style="list-style-type: none"> <li>- On 8/30/22, the a.m. dose of the medication was administered when the resident's heart rate was 40,</li> <li>- On 8/31/22, both doses of the medication was administered when the resident's heart rate was 40 in the a.m. and 56 in the p.m.,</li> <li>- On 9/1/22, the a.m. dose of the medication was administered when the resident's heart rate was</li> </ul>				<p>with hold parameters have the potential to be affected. 100% audit of all residents utilizing medications with hold parameters will be completed to ensure medication has been given per physician order.</p> <p>DNS or designee will complete daily audit of Medication Administration Record for any resident with hold parameters. Licensed nurses will be educated and in-serviced on following physician's orders by the Clinical Education Nurse.</p> <p>To ensure compliance, the Director of Nursing or designee will be responsible for completion of the Unnecessary Medications and Treatments QA tool weekly times 4 weeks, monthly times 6 months, and quarterly until compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination for responsible employee.</p>		

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(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
	<p>54,</p> <ul style="list-style-type: none"> <li>- On 9/3/22, the EMAR was blank (no hear rate documented) for the morning dose of medication,</li> <li>- On 9/13/22, the a.m. dose of the medication was administered when the resident's heart rate was 59,</li> <li>- On 9/14/22, both doses of the medication was administered when the resident's heart rate was 50 in the a.m. and 56 in the p.m.,</li> <li>- On 9/15/22, the p.m. dose of the medication was administered when the resident's heart rate was 54,</li> <li>- On 9/27/22, the a.m. dose of the medication was administered when the resident's heart rate was 40,</li> <li>- On 9/29/22, the a.m. dose of the medication was administered when the resident's heart rate was 41, and</li> <li>- On 10/1/22, the a.m. dose of the medication was administered when the resident's heart rate was 50.</li> </ul> <p>The clinical record lacked documentation the medication was held on the above dates.</p> <p>During an interview on 10/6/22 at 11:08 a.m., LPN (Licensed Practical Nurse) 5 indicated if a resident's heart rate was out of range or below the ordered parameter, she would hold the medication and she would document that she held the medication in the resident's clinical record.</p> <p>2. The clinical record for Resident 41 was reviewed on 10/5/22 at 12:11 p.m. A Quarterly MDS assessment, dated 8/8/22, indicated the resident was moderately cognitively impaired. The diagnoses included, but were not limited to, Parkinson's disease, anemia, heart failure, hypertension, diabetes, Alzheimer's disease, anxiety, and depression.</p>						

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

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FORM APPROVED

OMB NO. 0938-039

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	<p>A physician's order, dated 11/4/20 through 10/5/22, indicated the nurse was to administer hydralazine (a blood pressure medication) 25 mg, twice a day, and to hold the medication if the resident's systolic (top number/heart at work) blood pressure was less than 120.</p> <p>The August, September, and October 2022 EMAR, indicated the resident had received the medication when the systolic blood pressure was less than 120 on the following dates and times:</p> <ul style="list-style-type: none"> <li>- On 8/2/22 from 7:00 p.m. to 11:00 p.m., the resident's blood pressure was 107,</li> <li>- On 8/10/22 from 7:00 p.m. to 11:00 p.m., the resident's blood pressure was 96,</li> <li>- On 8/15/22 from 7:00 p.m. to 11:00 p.m., the resident's blood pressure was 118,</li> <li>- On 8/30/22 from 7:00 p.m. to 11:00 p.m., the resident's blood pressure was 95,</li> <li>- On 9/14/22 from 7:00 p.m. to 11:00 p.m., the resident's blood pressure was 107,</li> <li>- On 9/18/22 from 7:00 p.m. to 11:00 p.m., the resident's blood pressure was 106,</li> <li>- On 9/24/22 from 7:00 a.m. to 11:00 a.m., the resident's blood pressure was 117,</li> <li>- On 9/29/22 from 7:00 a.m. to 11:00 a.m., the resident's blood pressure was 109,</li> <li>- On 10/2/22 from 7:00 a.m. to 11:00 a.m., the resident's blood pressure was 115,</li> <li>- On 10/3/22 from 7:00 p.m. to 11:00 p.m., the resident's blood pressure was 113, and</li> <li>- On 10/4/22 from 7:00 p.m. to 11:00 p.m., the resident's blood pressure was 112.</li> </ul> <p>The clinical record lacked documentation the medication was held on the above dates.</p> <p>During an interview on 10/6/22 at 10:23 a.m., RN 3 indicated if a resident had vital hold parameters on</p>						

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	<p>a medication order, she would obtain the vitals before administration of the medication. The following would be documented in the EMAR: the resident's vitals, if the resident's medication was held, and the reason for holding the medication.</p> <p>During an interview on 10/7/22 at 10:32 a.m., the Executive Director indicated the facility did not have a specific policy related to following physician's orders, but it was standard nursing practice to follow physician's orders as they were written.</p> <p>3.1-48(a)(6)</p>						