

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

PRINTED: 12/15/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155617		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/21/2023	
NAME OF PROVIDER OR SUPPLIER  WATERS OF CHESTERFIELD SKILLED NURSING FACILITY				STREET ADDRESS, CITY, STATE, ZIP COD 524 ANDERSON RD CHESTERFIELD, IN 46017			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00419585.</p> <p>Complaint IN00419585 - Federal/state deficiency related to the allegations are cited at F825.</p> <p>Survey date: November 21, 2023</p> <p>Facility number: 000524 Provider number: 155617 AIM number: 100267090</p> <p>Census Bed Type: SNF/NF: 45 Total: 45</p> <p>Census Payor Type: Medicare: 4 Medicaid: 25 Other: 16 Total: 45</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed November 27, 2023.</p>			F 0000	<p>Preparation 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. Facility's date of alleged compliance is 12/6/2023. The Facility is respectfully requesting paper compliance for all deficiencies in this POC.</p>		
F 0825 SS=D Bldg. 00	<p>483.65(a)(1)(2) Provide/Obtain Specialized Rehab Services §483.65 Specialized rehabilitative services. §483.65(a) Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as</p>						

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

TITLE

(X6) DATE

Kimberly Locke

HFA

12/05/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>set forth at §483.120(c), are required in the resident's comprehensive plan of care, the facility must-</p> <p>§483.65(a)(1) Provide the required services; or</p> <p>§483.65(a)(2) In accordance with §483.70(g), obtain the required services from an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act.</p> <p>Based on interview and record review, the facility failed to obtain therapy services in a timely manner for a resident who was admitted following a stroke for 1 of 3 resident reviewed for admission to facility. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 11/21/23 at 9:24 a.m. Diagnoses included history of stroke, hemiplegia (paralysis) affecting dominant right side, dysphagia following stroke, and metabolic encephalopathy. He was admitted to the facility on 9/16/23, following an acute hospital stay for the treatment of a stroke.</p> <p>An Admission MDS (Minimum Data Set) assessment, dated 9/23/23, indicated the resident was severely cognitively impaired, was dependent for activities of daily living (ADLs), and had difficulty swallowing.</p> <p>A physician's order, dated 9/16/23, indicated PT (physical therapy), OT (occupational therapy), and ST (speech therapy) evaluation on admission, readmission, and/or as needed; may evaluate and</p>	F 0825	<p>F825 Provide/Obtain Specialized Rehab Services</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>It is the policy of the facility that the facility provides therapy services when needed. Resident B continues to reside in the facility and is receiving therapy services as ordered.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p> <p>All residents that currently reside in the facility and require therapy services have the potential to be affected by the alleged deficient practice. The Therapy Services Director and the Director of Nursing completed a facility wide audit on 12/4/23 to verify residents that may require therapy services</p>	12/06/2023	

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	<p>treat if appropriate.</p> <p>A Physician Note, dated 9/19/23, indicated the resident was on a pureed diet and was to be starting PT/OT in the facility and would transition to long term care.</p> <p>A Progress Note, dated 9/25/23, indicated the Resident's family requested information regarding therapy services being provided to resident. Staff indicated the facility covered the cost for the therapy screens, but the resident would have to wait until turning age 65 in January to be covered financially through Medicare for therapy services.</p> <p>A Patient Summary Report from the discharging acute care hospital, dated 9/16/23, indicated based on clinical judgement, the resident would benefit from skilled placement for therapies upon discharge.</p> <p>An Occupational Therapy Evaluation and Plan of Treatment, dated 9/17/23, indicated the resident had significant deficits in communication, right upper and lower extremities movements, and functional mobility that were all impacting his ability to participate in basic daily activities. Resident required skilled OT services to increase ADLs, assess needs for adaptations, increase safety awareness, improve rehabilitation potential, increase functional activity tolerance and facilitate sitting tolerance and postural control in order to enhance the resident's quality of life. OT was recommended for five times per week for four weeks.</p> <p>A Physical Therapy Evaluation and Plan of Treatment, dated 9/18/23, indicated skilled physical therapy services were warranted to assess safe ambulatory pattern with the least</p>				<p>that are currently not on caseload. What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur: The Regional Director of Operations educated the Administrator, Director of Nursing and Therapy Services Director on 11/28/23 on providing timely therapy services despite resident payer sources. Additionally, any employee who fails to comply with the points of the in-service may be further educated and/or progressively disciplined as indicated.</p> <p>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: "F825: Provide/Obtain Specialized Rehab Services" audit tool will be completed 5 days a week x4 weeks, 3 days a week x2 months, and then weekly x4 months on all new admissions. Results of the monitoring will be reviewed at the monthly QAPI meeting. If the facility is within 95% compliance at the end of the 6 months, then the monitoring can be stopped. However, any patterns will be identified, and any needed Action Plans will be written by the QAPI committee. Any written Action Plan will be monitored by the</p>		

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	<p>restrictive assistive device, improve balance, increase functional activity tolerance, increase lower extremity range of motion and strength, minimize falls, enhance rehabilitation potential and promote safety awareness in order to enhance the resident's quality of life. PT was recommended for five times per week for four weeks.</p> <p>A Speech Therapy Evaluation and Plan of Treatment, dated 9/19/23, indicated resident would significantly benefit from skilled speech therapy to improve his ability to communicate his wants and needs either verbally or non-verbally or both. The resident would benefit from dysphagia therapy to improve his chewing and swallowing function and improve his intake amounts to decrease risk of malnutrition, dehydration, and weight loss. ST was recommended for two times per week for four weeks.</p> <p>During an interview on 11/21/23 at 11:24 a.m., the COTA (Certified Occupational Therapy Assistant) indicated the evaluations for therapy had been submitted to the payer source for approval and declined sometime around 9/21/23. He did not have any documentation regarding the decline for services. The facility's corporate office and the resident's family were consulted. No further therapy was provided until another re-evaluation and request through the payer source on 10/16/23, 10/17/23, and 10/19/23. These requests were declined. He felt the resident would have benefited from timely therapy.</p> <p>During an interview on 11/21/23 at 10:48 a.m., the Administrator indicated the facility tried to obtain authorization for therapy services, but the residents payer source declined. She reached out to her corporate office via telephone calls and had no documentation of the discussions and</p>				<p>Administrator weekly until resolved.</p> <p>By what date the systemic changes for each deficient will be completed. December 6, 2023</p>		

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	<p>requests. She again reached out to the corporate office on 10/30/23 following the re-evaluations in October and received permission to provide limited therapy services for the resident. She felt the facility should have communicated more timely with the corporate office to obtain therapy for the resident after the first evaluation was declined. The facility has no policy regarding therapy services.</p> <p>This citation relates to Complaint IN00419585.</p> <p>3.1-23(a)(1)</p>						