

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

PRINTED: 09/05/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155566		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/10/2023	
NAME OF PROVIDER OR SUPPLIER WARSAW MEADOWS				STREET ADDRESS, CITY, STATE, ZIP COD 300 E PRAIRIE ST WARSAW, IN 46580			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00413660 and IN00412823.</p> <p>Complaint IN00413660 - Federal /state deficiencies related to the allegations are cited at F657.</p> <p>Complaint IN00412823 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: August 6, 7, 8, 9 and 10, 2023</p> <p>Facility number: 000359 Provider number: 155566 AIM number: 100274920</p> <p>Census Bed Type: SNF/NF: 53 Total: 53</p> <p>Census Payor Type: Medicare: 2 Medicaid: 43 Other: 8 Total: 53</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 8/18/2023.</p>			F 0000	<p>By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective August 29, 2023. We respectfully request paper compliance for this survey resolution.</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>						

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

TITLE

(X6) DATE

Nathan Jackson, HFA

Administrator

08/29/2023

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>(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 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 update resident care plans for falls and skin issue for 2 of 26 residents whose care plans were reviewed. (Resident 29 & B)</p> <p>Findings include:</p> <p>1. During an interview, on 8/6/2023 at 11:43 A.M. Resident 29's family indicated she had a fall recently and fell flat on her face.</p> <p>A record review was completed, on 8/8/2023 at 9:45 A.M. Resident 29's diagnoses included, but were not limited to: hypertension dementia,</p>			F 0657	<p>F 657 Care plan timing and revision</p> <p>It is the practice of this facility to ensure care plans are reviewed and revised when a resident experiences a fall or a change in skin integrity occurs.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: The care plans of residents 29 and B were</p>		08/29/2023

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	<p>arthritis and osteoarthritis.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 6/12/2023, indicated Resident 29 required extensive assist of 1 staff for bed mobility, transfers dressing, and toilet use and was frequently incontinent of bowel and bladder.</p> <p>A Nurses Note, dated 7/20/2023 at 10:22 P.M., indicated the QMA on the hall informed the nurse the resident had fallen in her room. CNA went to other room to care for resident. The resident was sleeping, woke up and walking in the room and fell and hit right side of face above the right eye. The resident was sent to the emergency room for evaluation and treatment.</p> <p>A Nurses Note, dated 7/21/2023 at 2:12 A.M., indicated the resident was returning to the facility with 7 sutures to right eyebrow area</p> <p>A current Care Plan, dated 6/28/2023, indicated the resident was at risk for falls related to decreased mobility, dementia, incontinence. Interventions included anticipate and meet the resident's needs. Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. Provide a prompt response to all requests for assistance. Begin restorative walking program to facility safe ambulation. Ensure that the resident is wearing appropriate footwear such as non skid socks when ambulating or mobilizing in wheelchair. Low bed. Perimeter mattress. Physical therapy to evaluate and treat as ordered or PRN (as needed). To wear gripper socks at all times.</p> <p>During an interview, on 8/09/2023 at 1:29 P.M., the Director of Nursing (DON) indicated they do a root cause analysis and usually do an IDT (Interdisciplinary Team) note, but could not locate</p>				<p>updated to include interventions based on the root cause of the events.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents who experience a fall or change in skin integrity have the potential to be affected by the deficient practice. The care plans of all residents with falls or skin issues were reviewed for updated interventions based on the root cause with no further concerns identified.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: The policy and procedure "Care Plans, Comprehensive Person-Centered" was reviewed by IDT. An in-service was held with all nursing staff to educate on the policy. A performance improvement tool has been developed to monitor that care plans are being revised with new interventions based on the root cause for falls and skin issues. How the corrective actions will be monitored to ensure the deficient practice does not recur: A performance improvement tool has been initiated that randomly audits five (5) residents to ensure that care plans and interventions</p>		

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	<p>one at this time in the chart and indicated a new intervention should have been added to the care plan. 2. During a confidential interview, on 8/6/2023 at 11:28 A.M., it indicated Resident B had a wound to his right thigh.</p> <p>A record review was completed, on 8/9/2023 at 9:19 A.M., Resident B's diagnosis included, but were not limited to: hemiplegia and hemiparesis, chronic respiratory failure, traumatic brain injury, cerebral infarction, contractures, aphasia and intraspinal abscess.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 6/27/2023, indicated Resident B required extensive assist of 2 for transfers, bed mobility and toileting.</p> <p>During an interview, on 8/9/2023 at 9:54 A.M., the Director of Nursing indicated Resident B had developed an area to his right thigh, that has healed, related to shearing from the hoyer pad. Resident prefers to wear shorts. The mesh sling was replaced with a softer binding, it continued to irritate his skin and a thin sheet is now placed between Resident B and the hoyer pad.</p> <p>A current Care Plan, dated 3/30/2023, indicated the resident was at risk for pressure ulcer development related to decreased mobility. Interventions included administer treatments as ordered and observe effectiveness. Educate the resident/family/caregivers as to causes of skin breakdown; including: transfer, positioning requirements, importance of taking care during ambulating, mobility, good nutrition and frequent repositioning. Monitor nutritional status. Serve diet as ordered, monitor intake and record. Assist with turning and repositioning as needed. Pressure reduction cushion to wheelchair to</p>				<p>are being revised when a fall or skin issue occurs. This Quality Assurance Audit Tool will be completed by the Director of Nursing/Designee weekly for three weeks; then monthly for three months, then quarterly x three. In the event any further concerns are identified the issue will be immediately corrected and additional training will be initiated. Results of the audit will be reviewed at the Quality Assurance Meeting at least quarterly. By what date the systemic changes for the deficiency will be completed: 8/29/2023</p>		

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F 0812 SS=E Bldg. 00	<p>prevent skin breakdown as ordered. Pressure reduction mattress to prevent skin breakdown as ordered.</p> <p>During an interview, on 8/10/2023 at 12:47 P.M., the Director of Nursing indicated the new interventions should have been added to the care plan.</p> <p>On 8/10/2023 at 1:30 P.M., the Director of Nursing provided the policy titled, "Care Plans, Comprehensive Person-Centered", dated 9/2022, and indicated the policy was the one currently used by the facility. The policy indicated "...14. The Interdisciplinary Team must review and update the care plan: a. When there has been a significant change in the resident's condition. b. When the desired outcome is not met...."</p> <p>This Federal tag relates to complaint IN00413660.</p> <p>3.1-35(d)(2)(B) 3.1-35(d)(2) 3.1-35(B)</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</p>						

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	<p>gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(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.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the spice cabinet and range/oven were free of food debris and grease build-up, failed to dispose of expired foods, and failed to label and date opened foods for 1 of 1 kitchen. This had the potential to affect 53 of 53 residents who ate their food in the kitchen.</p> <p>Findings include:</p> <p>During an initial observation of the main kitchen, on 8/6/2023 at 9:36 A.M., the following was observed:</p> <p>-A 25-pound bag of flour opened, and leaking flour onto the floor.</p> <p>-A plastic bag with 3 meat patties with solidified grease were in a Ziplock bag unlabeled and undated in the walk-in cooler.</p> <p>-A tubular lunch meat product with plastic wrap not adhered to the used end of the product was not dated, and had a hardened appearance around the edges.</p> <p>-2 pre-packaged bags of chopped lettuce with a best by date of 7/26/2023 were rotten in appearance with notable brownness.</p>			F 0812	<p>F 812 Food Procurement, Store, Prepare/Serve-Sanitary</p> <p>It is the practice of this facility to ensure kitchen equipment is maintained under sanitary conditions and food is stored properly.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: All undated, unlabeled, expired and improperly stored food items as identified in the 2567 were disposed of. The spice cabinet and stovetop back splash were cleaned.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents who consume food from the dietary department have the potential of being affected by the deficient practice. A kitchen audit was completed to ensure all areas were cleaned and sanitized and</p>		08/29/2023

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	<p>-4-pound salt with no open date.</p> <p>-18-ounce pepper with no open date.</p> <p>-5.5-ounce dill weed with no open date.</p> <p>-6-pound garlic powder with no open date.</p> <p>-7-ounce thyme with no open date.</p> <p>-18-ounce chili powder with no open date.</p> <p>-16-ounce baking soda with no open date.</p> <p>-The spice cabinet doors were sticky with food debris.</p> <p>-The stovetop stainless steel back splash had built up grease stains.</p> <p>During an interview on 8/10/2023 at 9:06 A.M., the Dietary Manager indicated, all foods should be labeled with an open date. She indicated the lettuce should have been disposed of and used by the use by date unless it looks bad prior to the date. She indicated she had tried oven cleaner on the grease build-up, but it was ineffective.</p> <p>On 8/10/2023 at 11:37 A.M., a current policy titled, "Storage Areas", was provided by the Executive Director (ED). The policy indicated, " ...3. Plastic containers with tight -fitting covers must be used for storing cereals, cereal products, flour, sugar, dried vegetables, and broken lots of bulk foods. All containers must be legible and accurately labeled and dated ...13 Leftover food is stored in covered containers or wrapped carefully and securely. Each item is clearly labeled and dated before being refrigerated. Leftover food is used within 3 days or discarded ...e. All foods should</p>				<p>food items were not expired, were labeled with dates and stored in proper containers.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: The policy and procedures "Cleaning and Sanitation of Food Service Areas and General Food Preparation and Handling" were reviewed by IDT. An in-service was held with all dietary staff to educate on the policies. A performance improvement tool has been developed to monitor kitchen sanitation is being completed and food items are stored properly. How the corrective actions will be monitored to ensure the deficient practice does not recur: A performance improvement tool has been initiated that randomly audits five (5) shifts to ensure cabinets and equipment are free of food debris and grease buildup, food items are labeled, dated, not expired and securely stored. This Quality Assurance Audit Tool will be completed by the Food Service Director/Designee 5 shifts weekly for three weeks; then monthly for three months, then quarterly x three. In the event any further concerns are identified the issue will be immediately corrected and additional training will be initiated. Results of the audit will be reviewed at the Quality Assurance Meeting at least quarterly.</p>		

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	<p>be covered, labeled, and dated. All foods will be checked to assure that foods (including vegetables) will be consumed by their safe use by dates, or frozen (where applicable) or discarded"</p> <p>A current policy, titled, "Cleaning and Sanitation of Food Service Areas", was provided by the ED on 8/10/2023 at 11:37 A.M. The policy indicated, "...The food service staff will maintain the sanitation of the dining and food service areas through compliance with a written, comprehensive cleaning schedule ...1. The food service manager will record all cleaning and sanitation tasks needed for the department ...2. Tasks will be designated to the responsibility of specific positions in the department ...4. A cleaning schedule will be posted for all cleaning tasks, and staff will initial the tasks as completed"</p> <p>3.1-21(i)(2)</p>				<p>By what date the systemic changes for the deficiency will be completed: 8/29/23</p>		