

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

PRINTED: 10/20/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15E683		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/29/2022	
NAME OF PROVIDER OR SUPPLIER  MORGANTOWN HEALTH CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 140 W WASHINGTON ST MORGANTOWN, IN 46160			
(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. This visit included the Investigation of Complaint IN00386189.</p> <p>Complaint IN00386189 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: September 26, 27, 28, and 29, 2022</p> <p>Facility number: 000399 Provider number: 15E683 AIM number: 100289100</p> <p>Census Bed Type: NF: 30 Total: 30</p> <p>Census Payor Type: Medicaid: 27 Other: 3 Total: 30</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed October 3, 2022.</p>			F 0000	THIS PLAN OF CORRECTION IS PREPARED AND EXECUTED BECAUSE IT IS REQUIRED BY THE PROVISIONS OF THE STATE AND FEDERAL REGULATIONS AND CITATIONS LISTED ON THIS STATEMENT OF DEFICIENCIES. THIS PLAN OF CORRECTION SHALL OPERATE AS MORGANTOWN'S WRITTEN CREDIBLE ALLEGATION OF COMPLIANCE ON THE ATTACHED PLAN OF CORRECTION.		
F 0604 SS=D Bldg. 00	<p>483.10(e)(1), 483.12(a)(2) Right to be Free from Physical Restraints §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:</p> <p>§483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical</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>symptoms, consistent with §483.12(a)(2).</p> <p>§483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints. Based on observation, interview, and record review, the facility failed to follow physician orders for a resident who was assessed to require a physical restraint use for 1 of 2 residents review for physical restraints. (Resident 22)</p> <p>Findings include:</p> <p>On 9/26/22 at 3:02 p.m., Resident 22 was observed to be sitting in a Broda chair (tilt-in-space positioning chair) with a padded strap around her legs in the dining room. She was not observed to be eating.</p> <p>On 9/28/22 at 10:12 a.m., Resident 22 was observed to be sitting in a Broda chair with a padded straps around her legs in the dining room.</p>			F 0604	<p>1. RESIDENT 22 WAS REMOVED FROM RESTRAINTS ON 9/29/2022.</p> <p>2. ANY RESIDENT HAS THE POTENTIAL TO BE AFFECTED.</p> <p>3. DON, A.DON, AND ADMINISTRATOR, NURSING STAFF WILL MONITOR ORDERS FROM THE DOCTOR IN REGARDS TO RESTRAINTS ON A DAILY BASIS. STAFF WILL CHECK CARE PLANS TO MAKE SURE THAT ALL PROCEDURES ARE FOLLOWED DAILY FOR ALL RESIDENTS. DON WILL</p>		10/14/2022

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	<p>She was not observed to be eating.</p> <p>On 9/28/22 at 1:23 p.m., Resident 22 was observed to be sitting in a Broda chair with padded straps around her legs in the dining room. She was not observed to be eating.</p> <p>On 9/28/22 at 2:49 p.m., Resident 22 was observed to be sitting in a Broda chair with padded straps around her leg in the dining room. She was not observed to be eating.</p> <p>On 9/29/22 at 9:47 a.m., Resident 22 was observed to be sitting in a Broda chair with padded straps around her legs in the dining room. She was not observed to be eating.</p> <p>On 9/29/22 at 1:35 p.m., Resident 22 was observed to be sitting in a Broda chair with padded straps around her legs in the dining room. She was not observed to be eating.</p> <p>On 9/28/22 at 10:36 a.m., Resident 22's clinical record was reviewed. The diagnoses included, but were not limited to, dementia, psychosis, and anxiety.</p> <p>Resident 22's Physical Restraint Elimination Evaluation, dated 8/13/22, indicated she required the use of Broda chair during meals to remain on task and maintain current nutritional status.</p> <p>The Significant Change MDS (Minimum Data Set) assessment, dated 8/16/22, indicated Resident 22 had short and long term memory problem and used a chair that prevented rising daily.</p> <p>A care plan, initiated on 8/16/22 and current through target date 11/16/22, indicated Resident 22 required the use of Broda chair with meals. The</p>				<p>HAVE A LISTING OF RESIDENTS WHO ARE ON RESTRAINTS LISTED, AND POSTED AT THJ NURSING STATION FOR ALL STAFF. ALL NURSING STAFF WILL MONTIOR DAILY TO MAKE SURE THAT RESTRAINT POLICY IS FOLLOWED FOR ALL RESIDENTS WHO ARE ON RESTRAINTS. INSERVICE 10/14/2022.</p> <p>4. QAPI WILL RECEIVE A REPORT AT QAPI MEETING ANY RECOMMENDATIONS THAT QAPI HAS WILL BE FOLLOWED FOR SIX MONTHS (6) BY FACILITY.</p> <p>5. DATE COMPLETED 10/14/22.</p>		

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F 0689 SS=E Bldg. 00	<p>restraint was utilized with meals as needed per MD order.</p> <p>Resident 22's September 2022 physician order indicated she may be in a Broda chair with straps at meal time only to prevent her from getting up and walking away from food.</p> <p>During an interview on 9/29/22 at 10:20 a.m., Certified Nursing Assistant (CNA) 1 indicated Resident 22 would pace until she gets exhausted. The Broda chair with straps was used when she gets exhausted.</p> <p>During an interview on 9/29/22 at 10:45 a.m., Licensed Practical Nurse (LPN) 1 indicated Resident 22's Broda Chair was utilized for positioning and the straps are utilized when she gets tired from pacing.</p> <p>During an interview on 9/29/22 at 1:57 p.m., the Assistant Director of Nursing (ADON) indicated Resident 22 was only to be in a Broda chair with padded straps at meals.</p> <p>On 9/29/22 at 2:44 p.m., the Administrator provided the facility's policy, "Use of Restraints," dated 3/29/17, and indicated it was the policy being used by the facility. A review of the policy indicated, "...Restraints shall only used upon the written order of a physician..."</p> <p>3.1-26(b)</p> <p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment</p>						

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	<p>remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure hot water temperatures remained at a safe and comfortable level, below 120 degrees Fahrenheit for 6 out of 11 residents rooms that were assessed for safe water temperatures. (Room 1, Room 2, Room 3, Room 4, Room 5, Room 6)</p> <p>Findings include:</p> <p>Water temperatures were observed on the following dates and times:</p> <p>On 9/27/22 at 10:47 A.M., Room 1's bathroom water temperature was 124 degrees.</p> <p>On 9/27/22 at 10:48 A.M., Room 2's bathroom water temperature was 127 degrees.</p> <p>On 9/27/22 at 10:49 A.M., Room 3's bathroom water temperature was 126 degrees.</p> <p>On 9/27/22 at 10:50 A.M., Room 4's bathroom water temperature was 128 degrees. Room 6 shared a bathroom with Room 4.</p> <p>On 9/27/22 at 11:23 A.M., Room 5's bathroom water temperature was 132 degrees.</p> <p>On 9/27/22 from 11:18 A.M. to 11:23 A.M., a tour was conducted with the Environmental Services Director (ESD). The ESD used the facility thermometer to measure water temperatures and found the following:</p> <p>Room 1's bathroom water temperature was 120 degrees.</p> <p>Room 2's bathroom water temperature was 128</p>			F 0689	<p>1, WATER HEATERS WERE CHECKED BY MAINTENANCE AND ENVIRONMENTAL SUPERVISOR AND FOUND THAT THE WATER HEATER THAT SERVICES ROOMS 1 THRU 6 HAD BEEN TURNED UP. THE WATER HEATER WAS TURNED DOWN BY MAINTENANCE PERSONNEL AS SOON AS IT WAS NOTICED OF BEING TURNED UP.</p> <p>2. ANY RESIDENT HAS THE POTENTIAL TO BE AFFECTED.</p> <p>3. NURSING, MAINTENANCE, ENVIRONMENTAL SUPERVISOR, ADMIN. WILL MONITOR WATER TEMPERATURE AT VARIOUS TIMES DURING THE ENTIRE DAY. MAINTENANCE PERSONNEL WILL DOCUMENT WATER TEMPS DAILY AND RECORD ON THE VERIFICATION SHEET, AS WELL AS WATER HEATERS THROUGH OUT BUILDING WILL BE CHECKED DAILY TO MAKE SURE THAT THEY ARE SET AT THE PROPER TEMPERATURE. INSERVICE PERFORMED 10/14/22.</p> <p>4. ADMIN, ENVIRONMENTAL SUPERVISOR AND MAINTENANCE PERSONNEL</p>		10/14/2022

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	<p>degrees.</p> <p>Room 4's bathroom water temperature was 129 degrees. Room 6 shared a bathroom with Room 4. Room 5's bathroom water temperature was 132 degrees.</p> <p>During an interview on 9/27/22 at 11:24 A.M., the ESD indicated the temperatures of the bathroom water for Rooms 1, 2, 3, 4/6, and 5 were too hot. These rooms all utilized the same water heater.</p> <p>During an interview on 9/29/22 at 11:45 A.M., the Maintenance Director indicated there was one water heater heating the water for rooms 1, 2, 3, 4/6, and 5, and it had needed to be turned down.</p> <p>3.1-45(a)(1)</p>				<p>AND ENTIRE STAFF WILL MONITOR TEMPERATURES DAILY. QAPI WILL RECEIVE A REPORT AT THEIR MEETING, ANY RECOMMENDATIONS OF QAPI WILL BE FOLLOWED BY FACILITY FOR 6 (SIX) MONTHS PERIOD.</p> <p>5. DATE COMPLETED 10/14/22.</p>		