STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155209	A. BUILDING 00 B. WING	07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WATERS OF CLIFTY FALLS, THE	950 CROSS AVE MADISON, IN 47250

(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
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00413207. Complaint IN00413207 - Federal/State deficiencies related to the allegations are cited at F677 and F725. Survey dates: July 25 and 26, 2023 Facility number: 000116 Provider number: 155209 AIM number: 100266330 Census Bed Type: SNF/NF: 91 Total: 91 Census Payor Type: Medicare: 8 Medicaid: 67 Other: 16 Total: 91 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on July 31, 2023.	F 0000		
F 0677 SS=D Bldg. 00	483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on observation, interview, and record review, the facility failed to provide timely	F 0677	F677 It is the policy of this facility to provide incontinent care	08/11/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Ashley Bowling | Administrator | 08/29/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	incontinence care and oral care for a dependent resident for 2 of 4 residents reviewed for activities of daily living. (Residents C and B) Findings include: 1. The record for Resident C was reviewed on 7/25/23 at 10:40 a.m. A Quarterly MDS (Minimum Data Set) assessment, dated 7/15/23, indicated the resident was moderately cognitively impaired. The resident required extensive of assistance of two or staff for mobility and transfers. The resident was always incontinent of bladder and bowel. He had one Stage 2 (Partial-thickness skin loss with exposed dermis, presenting as a shallow open ulcer. The wound bed was viable, pink or red, moist, and may also present as an intact or open/ruptured blister. Adipose (fat) was not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present) pressure ulcer on admission. The diagnoses included, but was not limited to, metabolic encephalopathy, developmental disorder of scholastic skills, and signs and symptoms involving cognitive functions and awareness. The resident had a tube feed. During an observation and interview on 7/26/23 at 9:45 a.m., Resident C was lying on his back. He indicated he needed cleaned up due to an accident and did not know where his call light was. There was an odor of stool and the call light was in the floor on the left side of the bed. His lips were dry with skin peeling, and he constantly licked his lips and used his teeth to try and remove the dried skin. During an interview on 7/26/23 at 9:46 a.m., the Assistant Director of Nursing (ADON) indicated he would get help for Resident C. The Certified		and oral care for all dependent residents. 1.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident C Care Plan updated to reflect oral care, nail care, and check and change program, also added to Kardex. Resident B Care plan was updated to reflect total dependence with all transfers. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) be taken? All residents have the potential to be affected by the cited practice, therefore, this plan of correction applies to all residents of the facility. An audit was completed on 8/11/23 for all dependent residents that require incontinent care, nail care oral care. Kardex updated as indicated. 3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? All Nursing Staff was re-educated on ADL's to include incontinent care and oral care by the DON/ADON to meet the needs for all residents in facility, our	

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	Nursing Aides (CNAs) had someone in the shower and would get him cleaned up as soon as possible. During an observation on 7/26/23 at 9:59 a.m., CNAs 2 and 3 entered Resident C's room. There was a large amount of loose stool on the residents skin from his waist down his legs. There was dried stool on the fitted sheet and on the resident's legs, waist, and buttocks. When the fitted sheet was removed there was a dinner plate sized amount of loose stool on the mattress. CNA 3 used a wet wash cloth to clean the mattress. Resident C had a dark substance under his fingernails on both hands. The ADON indicated it could be dried stool under the resident's finger nails, and asked CNA 3 to clean the resident's fingernails. During an observation and interview on 7/26/23 at 11:34 a.m., Resident C was lying on his back, there was a dark substance under his finger nails on both hands. He indicated he lays on his back most of the time. The resident's lips were observed to be dry and had dried skin peeling. During an observation and interview on 7/26/23 at 11:54 a.m., the ADON was preparing do a dressing change for Resident C. The ADON had CNA 2 assist him to change the resident since he was wet. Resident C indicated his mouth was dry. The ADON instructed CNA 2 to use a swab to provide oral care. CNA 2 indicated there was only lemon flavored swabs and the resident did not like those. A Care Plan, dated 6/2/21, indicated Resident C required staff assist with activities of daily living (ADLs) due to debility. The interventions included, but were not limited to, staff assist with toileting as needed, and set up and assist with		compliance date for this is 8/11/23. 4. How the corrective action(s) will be monitored? ED/Designee will monitor 10 residents 5 days a week for 1 months, then 5 residents 3 days a week for one month, then monthly for 4 months for incontinent care nail care and oral care. Any concerns noted in this audit will be addressed and corrected immediately. ED/Designee will be responsible to provide audit results in Quality Assurance Meeting. The QAPI committee will review audit results monthly and may determine that monthly auditing can be discontinued when 100% compliance has been maintained for 3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.	

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	oral care as needed. A Care Plan, dated 3/21/23, indicated Resident C was at risk for oral/dental health problems related to requires assistance with personal hygiene/oral care. The interventions included, but were not limited to, monitor/document/report to MD as needed signs and symptoms of oral dental problems needing attention: including lips cracked or bleeding; and to provide mouth care in the A.M./P.M. and as needed. A review of the resident's record, from 7/9/23 through 7/25/23, lacked documentation of the resident's oral care being provided. During an observation and interview on 7/26/23 at 2:11 p.m., Resident C indicated he was thirsty. He was observed to have no oral care provided, and there was a dark substance under his finger nails on both hands. His call light was lying on the tray table to the left of the resident. During an observation on 7/26/23 at 2:40 p.m., the ADON provided oral care for Resident C. During an interview on 7/26/23 at 2:46 a.m., the Regional Administrator indicated all residents should receive as needed and routine oral care. 2. The record for Resident B was reviewed on 7/25/23 at 10:36 a.m. An Admission MDS assessment, dated 6/15/23, indicated the resident was cognitively intact. The resident required two or more staff assistance with mobility, transfers, dressing, toileting, and personal hygiene. The resident was occasionally incontinent of bladder. He had two unstageable (Obscured full-thickness skin and tissue loss Full-thickness skin and tissue loss in which the extent of tissue damage within			

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	the ulcer cannot be confirmed. The wound bed was obscured by slough or eschar) pressure ulcers on admission. The resident's diagnoses included, but were not limited to, hemiplegia following cerebral infarction affecting left nondominant side, a complete traumatic amputation at elbow level left arm, difficulty waling, and an unstageable pressure ulcer of left hip and right buttocks. During an observation and interview on 7/26/23 at 12:07 p.m., Resident B was observed lying on his back and indicated he had asked staff to get him up earlier that morning and he was still waiting. During an observation and interview on 7/26/23 at 12:11 p.m., the surveyor observed staff at the nurses station and notified CNAs 2 and 3 that Resident B wanted to get up. The two CNAs indicated they were wailing for food trays and would get him up after the lunch meal trays were all served. During an anonymous interview, from 7/25/23 to 7/26/23, Staff 10 indicated there was not enough staff to provide proper care for the residents. Staff struggled to meet residents basic needs without call ins. When there were call ins, they really struggled and those days they were not able to do two-hour check and change for the dependent residents. During an anonymous interview, from 7/25/23 to 7/26/23, Staff 11 indicated staffing was a struggle due to the number of call ins. On the weekends with good weather the call ins were frequent and it was really hard. The residents' care was affected. During an anonymous interview, from 7/25/23 to 7/26/23, Staff 12 indicated there was not enough			

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	staff to provide quality care on a good day and when there were call ins, they could just barely meet the resident's basic needs. The current facility policy, titled "Perineal Care", and not dated, was provided by the Administrator on 7/26/23 at 1:30 p.m. The policy indicated, " ...Purpose: to ensure that resident receive personal hygiene after periods of incontinence to prevent infection, odors, and promote comfort ..." The current facility policy, titled "Preventive Skin Care ", and not dated, was provided by the Administrator on 7/26/23 at 1:30 p.m. The policy indicated, " ...provide skin care through careful washing, rinsing, and drying to keep residents clean, comfortable, well-groomed ...Procedure: 1) Good skin care is provided by staff ...as necessary ...4) Residents identified as being at high risk for potential breakdown shall be turned and repositioned frequently ...13) Maintain wrinkle-free, clean, dry bed linen ..." This Federal tag relates to Complaint IN00413207. 3.1-38(a)(3)			
F 0725 SS=E Bldg. 00	483.35(a)(1)(2) Sufficient Nursing Staff §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population			

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	in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. Based on observation, interview, and record review, the facility failed to ensure there was sufficient nursing staff to provide necessary care and services related to activities of daily living for 8 of 27 days of as worked schedule and 2 of 5 residents reviewed for staffing. (Residents C and B) Findings include: 1.a. On 7/26/23 at 11:12 a.m., the "Facility Assessment Tool", with a revised date of 3/1/23, was provided by the Administrator. The "Facility Assessment Tool" indicated the number of residents requiring the assistance of one to two staff for transfer was 82, the number of totally dependent residents was 7, and the number of residents requiring assistance for toileting was 87. The Staffing Plan indicated sufficient staff to meet the needs of the residents were 7.5 Nurses and 11 CNAs. During an interview on 7/26/23 at 11:10 a.m., the	F 0725	F725 The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). 1.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident C Care Plan updated to reflect oral care, nail care, and	08/11/2023

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	Administrator indicated there was one nurse, one Qualified Medication Aide (QMA), and two CNAs on the three Living Well Hallways. There was a total of 45 residents on the three hallways. The Daily "As Worked" Nursing Schedules were provided by the Administrator on 7/26/23 at 11:12 a.m., and indicated the following nursing staff worked the following dates: - 7/26/23, Wednesday, 4 nurses, 1 QMA, and 9.5 CNAs, - 7/22/23, Saturday, 6 nurses, 1 QMA, and 6.5 CNAs, - 7/13/23 Thursday, 7 nurses, and 9 CNAs, - 7/7/23, Friday, 7 nurses, and 10 CNAs, - 7/6/23, Thursday, 7 nurses, and 10 CNAs, - 7/4/23, Tuesday, 7 nurses, 1 QMA, and 9.5 CNAs, - 7/1/23, Saturday, 7 nurses, and 9 CNAs, and - 6/30/23, Friday, 6 nurses, 1 QMA, and 9 CNAs. During an interview on 7/26/23 at 11:15 a.m., the Administrator indicated when the facility assessment tool was updated on 3/1/23 the average number of residents was 87 and the current number of residents in the building was 91. During an observation and interview on 7/26/23 at 9:45 a.m., Resident C was lying on his back. He indicated he needed cleaned up due to an accident and did not know where his call light was. There was an odor of stool and the call light was in the floor on the left side of the bed. His lips were dry with skin peeling, and he constantly licked his lips and used his teeth to try and remove the dried skin. During an interview on 7/26/23 at 9:46 a.m., the		check and change program, also added to Kardex. Resident B Care plan was updated to reflect total dependence with all transfers. 1.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) be taken? All residents have the potential to be affected by the cited practice, therefore, this plan of correction applies to all residents of the facility. 1.What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? The ED was re-educated relative to Sufficient Staffing by the RDO, including but not limited to provision of sufficient staffing based on resident acuity to meet the needs and preferences of residents on 8/9/23. 1.How the corrective action(s) will be monitored? ED/Designee will monitor staffing levels 5 days a week for 1 month, then 1 day a week for one month, then monthly for 4 months. Any concerns noted in this audit will be addressed and corrected immediately. ED/Designee will be responsible	

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	Assistant Director of Nursing (ADON) indicated he would get help for Resident C. The Certified Nursing Aides (CNAs) had someone in the shower and would get him cleaned up as soon as possible. 1.b. During an observation on 7/26/23 at 9:59 a.m., CNAs 2 and 3 entered Resident C's room. There was a large amount of loose stool on the residents skin from his waist down his legs. There was dried stool on the fitted sheet and on the resident's legs, waist, and buttocks. When the fitted sheet was removed there was a dinner plate sized amount of loose stool on the mattress. CNA 3 used a wet wash cloth to clean the mattress. Resident C had a dark substance under his fingernails on both hands. The ADON indicated it could be dried stool under the resident's finger nails, and asked CNA 3 to clean the resident's fingernails. During an observation and interview on 7/26/23 at 11:34 a.m., Resident C was lying on his back, there was a dark substance under his finger nails on both hands. He indicated he lays on his back most of the time. The resident's lips were observed to be dry and had dried skin peeling. During an observation and interview on 7/26/23 at 11:54 a.m., the ADON was preparing do a dressing change for Resident C. The ADON had CNA 2 assist him to change the resident since he was wet. Resident C indicated his mouth was dry. The ADON instructed CNA 2 to use a swab to provide oral care. CNA 2 indicated there was only lemon flavored swabs and the resident did not like those. A review of the resident's record, from 7/9/23 through 7/25/23, lacked documentation of the resident's oral care being provided.		to provide audit results in Quality Assurance Meeting monthly. The QAPI committee will review audit results monthly and may determine that monthly auditing can be discontinued when 100% compliance has been maintained for 3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated. 1.Completion date August 11, 2023	

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	During an observation and interview on 7/26/23 at 2:11 p.m., Resident C indicated he was thirsty. He was observed to have no oral care provided, and there was a dark substance under his finger nails on both hands. His call light was lying on the tray table to the left of the resident. During an observation on 7/26/23 at 2:40 p.m., the ADON provided oral care for Resident C. 1.c. During an observation and interview on 7/26/23 at 12:07 p.m., Resident B was observed lying on his back and indicated he had asked staff to get him up earlier that morning and he was still waiting. During an observation and interview on 7/26/23 at 12:11 p.m., the surveyor observed staff at the nurses station and notified CNAs 2 and 3 that Resident B wanted to get up. The two CNAs indicated they were wailing for food trays and would get him up after the lunch meal trays were all served. During an anonymous interview from 7/25/23 to 7/26/23, Staff 10 indicated there was not enough staff to provide proper care for the residents. Staff struggled to meet residents basic needs without call ins. When there were call ins, they really struggled and those days they were not able to do two-hour check and change for the dependent residents. During an anonymous interview from 7/25/23 to 7/26/23, Staff 11 indicated staffing was a struggle due to the number of call ins. On the weekends with good weather the call ins were frequent and it was really hard. The residents' care was affected.			

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	During an anonymous interview from 7/25/23 to 7/26/23, Staff 12 indicated there was not enough staff to provide quality care on a good day and when there were call ins, they could just barely meet the resident's basic needs. The current, undated, facility policy, titled "Perineal Care", was provided by the Administrator on 7/26/23 at 1:30 p.m. The policy indicated, " ...Purpose: to ensure that resident receive personal hygiene after periods of incontinence to prevent infection, odors, and promote comfort ..." The current facility policy, titled "Standard Supervision and Monitoring", and dated 11/25/11, was provided by the Administrator on 7/26/23 at 2:58 p.m. The policy indicated, " ...guideline emphasizes a proactive intervention promoting enhanced physical and psychosocial well-being ...Procedure: 6. Staff assignments are based on the resident "needs" as far as their acuity ...meeting those needs to include physical, emotional, psychosocial, social, and spiritual, will be accomplished by provision of as much "hands on" care as necessary ..." This Federal tag relates to Complaint IN00413207. 3.1-17(a)			