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

FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155053	A. BUILDING 00 B. WING	12/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WATERS OF RUSHVILLE SKILLED NURSING FACILITY, THE	612 E 11TH ST RUSHVILLE, IN 46173

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F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. Survey dates: December 12, 13, 14, 15, and 16, 2022 Facility number: 000018 Provider number: 155053 AIM number: 100273930 Census Bed Type: SNF/NF: 39 SNF: 4 Residential: 16 Total: 59 Census Payor Type: Medicare: 10 Medicaid: 19 Other: 14 Total: 43 This deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on December 20, 2022	F 0000		
F 0637 SS=D Bldg. 00	483.20(b)(2)(ii) Comprehensive Assessment After Signifcant Chg §483.20(b)(2)(ii) Within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Amber Busald	Administrator	12/30/2022

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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	"significant change" means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.)			
	Based on record review and interview the facility failed to complete a significant change of condition assessment within 14 days of change of condition for a resident electing hospice service for 1 of 2 residents reviewed for significant change of condition. (Resident 37) Findings include: The clinical record for Resident 37 was reviewed on 12/15/2022 at 02:50 p.m. The medical diagnoses included, but were not limited to, heart failure and malignant neoplasm of the prostate. A physician order, dated 12/13/2022, indicated to admit to hospice effective 10/4/2022 for diagnoses of health failure with a life expectancy of 6 months of less if the terminal illness runs its normal course. No Significant Change Minimum Data Set Assessment was completed in October 2022. An interview with Minimum Set Assessment Corporate Support on 12/15/2022 at 3:10 p.m. indicated that a Significant Change MDS Assessment should be completed within 14 days of election of hospice services. It was identified that Resident 37 did not have a SCSA completed	F 0637	**F-637** It is the policy of the facility to complete an MDS within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a "significant change" means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status and requires interdisciplinary review or revision of the care plan, or both.) Residents who receive hospice services who reside in the facility have the potential to be affected by this finding. A 100% audit was completed on all current residents receiving hospice services to ensure proper significant change of condition	12/30/2022

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	and one was scheduled for 12/14/2022. The Center for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.17.1 indicated "...An SCSA is required to be performed when a terminally ill resident enrolls in a hospice program (Medicare-certified or State-licensed hospice provider) or changes hospice providers and remains a resident at the nursing home. The ARD [Assessemnt Reference Date or the date of the assessment] must be within 14 days from the effective date of the hospice election (which can be the same or later than the date of the hospice election statement, but not earlier than). An SCSA must be performed regardless of whether an assessment was recently conducted on the resident..." 3.1-31(d)(1)		assessments were completed. Any inaccurate MDS assessments were modified as needed. MDS Coordinator/Designee will monitor the completion of significant change assessments using a MDS Audit Tool for 10 residents weekly for a period of 4 weeks. The tool will then be used for 5 residents weekly for 4 weeks. Then weekly for 1 resident ongoing for a period of no less than 4 months. If facility is within compliance at the end of 6 months; then monitoring can be stopped. At an in-service held by the Regional MDS Consultant on 12/16/22 for the Interdisciplinary Team following was reviewed: 1. RAI Manual – specific to Significant change assessments after electing Hospice Services. 2. MDS Coding and accuracy of scheduling significant changes Any staff who fail to comply with the points of the in-service will be further educated and or progressively disciplined as indicated. At the monthly QAPI meeting, the monitoring of the MDS Coordinator/Designee will be	

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			reviewed. Any concerns will have been corrected as found. Any patterns will be identified. If necessary, an Action Plan will be written by the committee. Any written Action Plan will be monitored by the Administrator weekly until resolution.	
F 0641 SS=D Bldg. 00	483.20(g) Accuracy of Assessments §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status.			
	Based on record review and interview the facility failed to accurately indicate weight gain/loss for Resident 28, dehydration for Resident 29 and failed to indicated hospice services and prognosis of 6 months or less for Resident 37 for 3 of 6 residents for accuracy of Minimum Data Set (MDS) Assessments. Findings include: 1. The clinical record for Resident 28 was reviewed on 12/15/22 02:56 p.m. The medical diagnoses included, but were not limited to, intracerebral hemorrhage and diabetes mellitus. The following weights were recorded for Resident 28: 1/5/2022 145.9 lbs. (pounds) 2/23/2022 136.4 lbs. 3/2/2022 134.4 lbs. 3/16/2022 134.6 lbs. 4/13/2022 129.7 lbs. 4/20/2022 130.0 lbs.	F 0641	**F-641** It is the policy of the facility to ensure Accuracy of Assessments. The assessment must accurately reflect the resident's status. Residents who reside in the facility have the potential to be affected by this finding. A 100% Audit was completed for all current to ensure the accuracy of weight loss and weight gain, dehydration and hospice services were coded accurately for all current residents. Any inaccurate MDS assessments were modified as needed. MDS Coordinator/Designee will monitor the completion of MDS assessments using a MDS Audit Tool for 10 residents weekly for a period of 4 weeks. The tool will then be used for 5 residents	12/30/2022

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	5/3/2022 137.8 lbs. 5/23/2022 133.9 lbs. 6/1/2022 133.1 lbs. 6/6/2022 133.2 lbs. 6/15/2022 135.8 lbs. 7/6/2022 139.8 lbs. 8/3/2022 136.1 lbs. 9/7/2022 137.7 lbs. 10/5/2022 139.8 lbs. 11/11/2022 139.1 lbs. 11/30/2022 145.5 lbs. 12/12/2022 143.9 lbs. A Quarterly MDS Assessment, dated 11/10/2022 indicated Resident 28 had a weight gain and a weight loss. 2. The clinical record for Resident 29 was reviewed on 12/15/22 03:24 p.m. The medical diagnoses included, but were not limited to, stroke and diabetes mellitus. A Quarterly MDS Assessment, dated 10/5/2022, indicated that Resident 29 was dehydrated. An interview with Resident 29 on 12/13/2022 at 1:42 p.m. indicated that she has not been dehydrated since being admitted to the facility and was always provided fresh fluids. 3. The clinical record for Resident 37 was reviewed on 12/15/2022 at 02:50 p.m. The medical diagnoses included, but were not limited to, heart failure and malignant neoplasm of the prostate. A physician order, dated 12/13/2022, indicated to admit to hospice effective 10/4/2022 for diagnoses of health failure with a life expectancy of 6 months of less if the terminal illness runs its normal course.		weekly for 4 weeks. Then weekly for 1 resident ongoing for a period of no less than 4 months. If facility is within compliance at the end of 6 months; then monitoring can be stopped. At an in-service held by the Regional MDS Consultant on 12/16/22 for the Interdisciplinary Team following was reviewed: 1. RAI Manual – specific to accuracy of assessments related to dehydration, weight loss and weight gain, and Hospice services. 2. MDS Coding and accuracy of assessments Any staff who fail to comply with the points of the in-service will be further educated and or progressively disciplined as indicated. At the monthly QAPI meeting, the monitoring of the MDS Coordinator/Designee will be reviewed. Any concerns will have been corrected as found. Any patterns will be identified. If necessary, an Action Plan will be written by the committee. Any written Action Plan will be monitored by the Administrator weekly until resolution.	

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A Quarterly MDS Assessment, dated 10/19/2022, did not indicate that Resident 37 received hospice services nor had a life expectancy of 6 months or less.

An interview with Minimum Set Assessment Corporate Support on 12/15/2022 at 3:10 p.m. indicated that there were inaccuracies in the assessments and modifications would be completed. It is the standard of the facility to code to the Center for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.17.1.

The Center for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.17.1. indicated to identify weight loss by, "...5% WEIGHT LOSS IN 30 DAYS Start with the resident's weight closest to 30 days ago and multiply it by .95 (or 95%). The resulting figure represents a 5% loss from the weight 30 days ago. If the resident's current weight is equal to or less than the resulting figure, the resident has lost more than 5% body weight. 10% WEIGHT LOSS IN 180 DAYS Start with the resident's weight closest to 180 days ago and multiply it by .90 (or 90%). The resulting figure represents a 10% loss from the weight 180 days ago. If the resident's current weight is equal to or less than the resulting figure, the resident has lost 10% or more body weight...."

The Center for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.17.1. indicated to identify weight gain by, "...5% WEIGHT GAIN IN 30 DAYS Start with the resident's weight closest to 30 days ago and

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	multiply it by 1.05 (or 105%). The resulting figure represents a 5% gain from the weight 30 days ago. If the resident's current weight is equal to or more than the resulting figure, the resident has gained more than 5% body weight. 10% WEIGHT GAIN IN 180 DAYS Start with the resident's weight closest to 180 days ago and multiply it by 1.10 (or 110%). The resulting figure represents a 10% gain from the weight 180 days ago. If the resident's current weight is equal to or more than the resulting figure, the resident has gained more than 10% body weight...." The Center for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.17.1 indicated dehydration would be identified if 2 of the following conditions were present, "...Resident takes in less than the recommended 1,500 ml of fluids daily ...2. Resident has one or more potential clinical signs (indicators) of dehydration, including but not limited to dry mucous membranes, poor skin turgor, cracked lips, thirst, sunken eyes, dark urine, new onset or increased confusion, fever, or abnormal laboratory values...3. Resident's fluid loss exceeds the amount of fluids he or she takes in..." The Center for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.17.1 indicate the following regarding life expectancy of 6 months or less and hospice care, "...Residents with conditions or diseases that may result in a life expectancy of less than 6 months have special needs and may benefit from palliative or hospice services in the nursing home...Code residents identified as being in a hospice program for terminally ill persons where an array of services is provided for the palliation and management of			

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	terminal illness and related conditions. The hospice must be licensed by the state as a hospice provider and/or certified under the Medicare program as a hospice provider..."			
R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey. Survey dates: December 12, 13, 14, 15, and 16, 2022 Facility number: 000018 Residential Census: 16 The Waters of Rushville was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey. Quality review completed on December 20, 2022	R 0000		