

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155053	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Waters of Rushville Skilled Nursing Facility, The		STREET ADDRESS, CITY, STATE, ZIP CODE 612 E 11th St Rushville, IN 46173	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>45291</p> <p>Based on interview and record review, the facility failed to accurately code Section J regarding falls for 2 of 17 residents reviewed for Minimum Data Set accuracy. (Resident 14 and Resident 16)</p> <p>Findings include:</p> <p>1. The clinical record for Resident 14 was reviewed on 3/25/2024 at 2:45 p.m. The medical diagnosis included dementia.</p> <p>An Annual Minimum Data Set (MDS) Assessment, dated 1/27/2024, indicated Resident 14 had one fall without injury during that review period.</p> <p>A nursing progress note, dated 1/13/2024, indicated that Resident 14 was found lying on her right side on her floor mat with a bruise to the right elbow.</p> <p>2. The clinical record for Resident 16 was reviewed on 3/25/2024 at 2:10 p.m. The medical diagnosis included dementia.</p> <p>An Annual MDS Assessment, dated 9/26/2023, indicated that Resident 16 had one fall without injury during that review period.</p> <p>An intradisciplinary note for Resident 14, dated 8/23/2023, indicated she had a fall that resulted in head laceration requiring staples for closure.</p> <p>An intradisciplinary note for Resident 14, dated 9/13/2023, indicated she had slid off the bed without injury.</p> <p>An interview with the MDS Nurse on 03/27/24 at 11:38 a.m. indicated that the facility codes MDS assessments to the Resident Assessment Instrument. After reviewing the two aforementioned assessments, she will be entering modifications of records to accurately reflect the falls.</p>

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 90 days 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 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>45291</p> <p>Based on observations, interview, and record review, the facility failed to accurately monitor residents for bruising per physician order for 2 of 3 residents reviewed for bruising.</p> <p>Findings include:</p> <p>1. The clinical record for Resident 14 was reviewed on 3/25/2024 at 2:45 p.m. The medical diagnosis included dementia.</p> <p>An Annual Minimum Data Set (MDS) Assessment, dated 1/27/2024, indicated Resident 14 was cognitively impaired and at risk for developing skin impairments, but did not have any alternations in skin.</p> <p>A bruising care plan, dated 2/6/2020, indicated to monitor skin daily during care.</p> <p>A physician order for Resident 14, dated 12/14/2022, indicated to monitor three times a day for chronic bruising to her bilateral arms.</p> <p>A physician's order for Resident, dated 1/24/2022, indicated for Resident 14 to utilize aspirin 81 milligrams (mg) every day.</p> <p>An observation on 3/25/2024 at 11:37 a.m. indicated she was sitting in the common area in her wheelchair. She was noted to have long sleeves that were slightly pulled up. A moderate sized bruise with a scabbed area was noted to her left forearm.</p> <p>Review of the treatment administration record for Resident 14 indicated that the bruising had been monitored on 3/25/2024 and the morning of 3/26/2024.</p> <p>The nursing progress notes did not reflect the bruised or scabbed area until 3/26/2024 at 4:05 p.m. The nursing note indicated Resident 14 had a bruise that measured 2.5 cm (centimeter) by 5.4 cm with a scabbed area measuring 0.6 cm by 0.1 cm.</p> <p>2. The clinical record for Resident 21 was reviewed on 3/26/2024 at 11:14 a.m. The medical diagnosis included atrial fibrillation.</p> <p>A skin care plan, dated 10/11/2019, indicated to monitor Resident 21's skin daily during care.</p> <p>A physician's order, dated 5/31/2023, indicated that Resident 14 received blood thinning medication twice a day for atrial fibrillation.</p> <p>A physician's order, dated 5/17/2023, indicated to .Observe for Signs and Symptoms of Bleeding/Bruising every shift. Document unusual findings in progress note.</p> <p>During an interview and observation on 3/25/2024 at 12:03 p.m., Resident 14 was noted to have a small bruise to her left posterior hand near the thumb. She indicated she did not know how she received this bruise and that it was fading.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the treatment administration record for Resident 16 indicated that the bruising had been monitored on 3/25/2024 and the morning of 3/26/2024.</p> <p>The nursing progress notes did not reflect this bruise until 3/26/2024 at 5:36 p.m. The nursing note indicated Resident 16 had a bruise that measured 2.0 cm (centimeter) by 1.5 cm.</p> <p>A policy entitled, Physician order - (Following Physician Orders), was provided by the Regional Nurse Consultant on 3/27/2024 at 2:00 p.m. The policy indicated, It is the policy of the facility to follow the orders of the physician .</p> <p>3.1-37(a)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>25054</p> <p>Based on observation, interview, and record review the facility failed to implement a pressure relieving intervention as ordered by the podiatrist for a resident with an unstageable pressure ulcer (full thickness tissue loss ulcer covered by eschar) on the right heel for 1 of 2 residents reviewed for pressure ulcers (Resident 4).</p> <p>Finding include:</p> <p>During an observation and interview with Resident 4 on 3/25/24 at 1:06 p.m., indicated she had a pressure ulcer on her right heel, the physician told her on 3/21/24 when she seen him in his office. The resident indicated the physician told her to keep it off the ground. The resident was observed to be sitting in her wheelchair with her right heel directly on the floor.</p> <p>During an observation on 3/26/24 at 11:05 a.m., Resident 4 was sitting in the dining room with her right heel on floor.</p> <p>During an observation and interview on 3/26/24 at 12:28 p.m., Resident 4 sitting in her room in wheelchair with her right heel on the floor, she indicated she had worn an off-loading boot before, but had not been offered one with this pressure ulcer on her right heel. The resident indicated she would be willing to wear one now. The resident indicated she did have some pain with pressure on the right heel pressure ulcer.</p> <p>During an observation on 3/26/24 at 2:11 p.m., Resident 4 was sitting in her wheelchair in dining room with right heel on the ground.</p> <p>During an interview the Director of Nursing (DON) on 3/26/24 at 2:23 p.m., indicated the nurse who received the order from the podiatrist should have implemented an intervention to keep Resident 4's right heel off the floor.</p> <p>During an observation and interview with Resident 4 on 3/26/24 at 2:27 p.m., indicated the pain in her right heel was between a 2-3 on pain scale and it was not constant, it's just enough to be annoying. The resident was pleased to know that the facility would be offering her pressure relieving boots. The resident remained in the dining room with her right heel on the floor.</p> <p>Review of the record of Resident 4 on 3/27/24 at 12:25 p.m., generalized osteoarthritis, soft tissue disorder, muscle weakness, venous insufficiency and congestive heart failure.</p> <p>The Quarterly Minimum Data (MDS) assessment dated , 1/21/24, indicated the resident was cognitively intact for daily decision making. The resident was consistent and reasonable. The resident was at risk of developing a pressure ulcer.</p> <p>The podiatrist seen the resident on 3/21/24 and observed a pressure ulcer on the right heel. The podiatrist ordered the resident to keep heel off the ground.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The plan of care for Resident 4, dated 3/22/24, indicated the resident had a wound on the right heel. The interventions included, but were not limited to, (3/27/24) encourage the resident to keep the right heel off the ground per physician order and (3/27/24) encourage the resident to wear a heel boot when her heel was not elevated.</p> <p>The wound care note for Resident 4, dated 3/25/24, indicated the resident went to the podiatrist to get her toenails clipped, while the resident was there the physician found an unstageable pressure injury on the right heel. The area was 0.5 centimeter (cm) by 0.5 cm 100% eschar. The resident had no drainage and had pain of a 2 on the 1-10 pain scale.</p> <p>The physician order policy provided by the Nurse Consultant on 3/27/24 at 2:00 p.m., indicated the resident facility would follow the orders of the physician.</p> <p>3.1-40(a)(2)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45291</p> <p>Based in interview, observation, and record review, the facility failed to ensure a left-hand protector or brace was available for 1 of 1 resident reviewed for contractures. (Resident 2)</p> <p>Findings include:</p> <p>The clinical record for Resident 2 was reviewed on 3/26/2024 at 2:05 p.m. The medical diagnosis included heart failure.</p> <p>An Annual Minimum Data Set Assessment indicated Resident 10 had moderate cognitive impairment.</p> <p>An interview and observation with Resident 10 on 3/25/2024 at 1:22 p.m. indicated that her left hand does hurt sometimes and her contracture to the left hand has worsened. She stated they used to use padding to her left palm about a year ago, but the staff gave up on using it after it was lost. She was open to trying to utilize something to her left hand for her contractures. She stated there is nothing in her room they used for her hand, and nothing was visible on the surfaces like a hand brace or palm protector.</p> <p>An interview and observation with Resident 2 on 3/26/2024 at 1:00 p.m. indicated that no one placed anything in her hand last night and no brace or palm protector was visible in her room.</p> <p>A physician's order, dated 2/22/2023, indicated for Resident 2 to utilize a left-hand protector at night [NAME] to improve left hand range of motion. [NAME] order was placed on hold on 3/26/2024.</p> <p>An interview with the Regional Nurse Consultant on 3/27/2024 at 1:20 p.m. indicated that she was unable to find the protector for Resident 2's hand in her room, so she received an order from the physician to place it on hold and utilize a rolled washcloth or therapy carrot.</p> <p>A policy entitled, Physician order - (Following Physician Orders), was provided by the Regional Nurse Consultant on 3/27/2024 at 2:00 p.m. The policy indicated, It is the policy of the facility to follow the orders of the physician .</p> <p>3.1-42(a)(2)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>45291</p> <p>Based on interview, observation, and record review, the facility failed to ensure the fall mat was in place for a resident while in bed for 1 of 3 residents reviewed for falls. (Resident 7)</p> <p>Findings include:</p> <p>The clinical record for Resident 7 was reviewed on 3/26/2024 at 11:00 a.m. The medical diagnosis included dementia.</p> <p>A Quarterly Minimum Data Set Assessment, dated 2/15/2024, indicated that Resident 7 was cognitively impaired.</p> <p>A nursing assessment, dated 3/22/2024, indicated that Resident 7 was at high risk for falls.</p> <p>A physician order, dated 1/3/2023, indicated for Resident 7 to .have a mat on the floor by her bed, while she is in it</p> <p>An observation on 3/25/2024 at 11:46 a.m., indicated Resident 7 was laying in her bed at this time with her fall mat folded in three and stored between the foot of her bed and closet.</p> <p>An observation on 3/25/2024 at 1:20 p.m., indicated Resident 7 was laying in her bed at this time with her fall mat folded in three and stored between the foot of her bed and closet. She had a bottled drink in her hand at this time.</p> <p>An observation and interview with CNA 2 on 3/26/2024 at 1:20 p.m. indicated Resident 7 should have a fall mat in place and Resident 7 was observed with her fall mat in place.</p> <p>An interview with the Regional Nurse Consultant on 3/27/2024 at 1:25 p.m. indicated that nursing staff are responsible for ensuring the use of fall interventions.</p> <p>A policy entitled, Guidelines for Incidents/Accidents/Falls, was provided by the Administrator on 3/27/2024 at 10:30 a.m. The policy indicated, .Based on the results of incident/accidents/fall, the resident's care plan will be addressed to ensure that any needed point of focus have measurable goals with appropriate interventions in place .</p> <p>3.1-45(a)(2)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>45291</p> <p>Based on interview and record review, the facility failed to timely enter a resident with a significant weight loss into the Skin and Weight Assessment Team (SWAT) program for 1 of 3 residents reviewed for significant weight loss.</p> <p>Findings include:</p> <p>The clinical record for Resident 14 was reviewed on 3/25/2024 at 2:45 p.m. The medical diagnosis included abnormal weight loss.</p> <p>Weights for Resident 14 were record as:</p> <p>2/1/2024 - 99.8 lbs. (pounds)</p> <p>3/1/2024 - 94.3 lbs. (-5.51% from 2/1/2024)</p> <p>3/2/2024 - 92.1 lbs. (-7.72% from 2/1/2024)</p> <p>A SWAT note, dated 3/21/2024, indicated new interventions of including a power pudding to the lunch tray for Resident 14.</p> <p>An interview with the Regional Nurse Consultant on 3/27/2024 at 1:20 p.m. indicated that no SWAT notes were found for Resident 14 between 3/1/2024 and 3/21/2024.</p> <p>A policy entitled, SWAT PROGRAM (SKIN AND WEIGHT ASSESSMENT TEAM) was provided by the Regional Nurse Consultant on 3/26/2024 at 10:55 a.m. The policy indicated, .It is the policy of this facility to assess the nutritional status of each resident .These residents will be monitored through this team improvement of the resident's nutritional status. Indicators to determine implementation of the SWAT monitoring for a resident would include, .5% or more weight change (undesirable) in 30 days . and that the SWAT will .meet weekly to discuss residents in need of addressing currant health problems to determine appropriate interventions .</p> <p>3.1-46(a)(1)</p>

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<p>F 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>45291</p> <p>Based on interview and record review, the facility failed to timely inform Resident 14's provider of a significant weight change for 1 of 3 residents reviewed for nutritional needs.</p> <p>Findings include:</p> <p>The clinical record for Resident 14 was reviewed on 3/25/2024 at 2:45 p.m. The medical diagnosis included abnormal weight loss.</p> <p>Weights for Resident 14 were record as:</p> <p>2/1/2024 - 99.8 lbs. (pounds)</p> <p>3/1/2024 - 94.3 lbs. (-5.51% from 2/1/2024)</p> <p>3/2/2024 - 92.1 lbs. (-7.72% from 2/1/2024)</p> <p>An intradisciplinary note from 3/21/2024, that addressed Resident 14's weight loss, did not indicate the physicians was notified of the weight loss.</p> <p>An interview with the Regional Nurse Consultant on 3/27/2024 at 1:20 p.m. indicated she could not locate in the medical record where the attending physician was notified of the significant weight loss for Resident 14.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>45291</p> <p>Based on interview and record review, the facility failed to ensure eight hours of consecutive RN coverage for 9 of 91 days reviewed. This deficient practice had the potential to affect 34 residents.</p> <p>Findings include:</p> <p>The PBJ (Payroll Based Journal) Staffing Data Report CASPER Report 1705D FY (Fiscal Year) Quarter 1 2024 (October 1 - December 31) reviewed on 3/25/2024 at 1:45 p.m. indicated that nine days were noted without eight hours of consecutive RN coverage.</p> <p>An interview on 3/26/24 at 1:34 p.m. with Corporate Payroll indicated that he did not report any RN coverage for those aforementioned nine days due to no RN being on the skilled nursing facility.</p> <p>An interview with Regional Nurse Consultant on 3/27/2024 at 1:20 p.m. indicated that the facility was unable to find RN coverage for that time. During that time, they were utilizing their own staff and agency, but could not fill RN coverage consistently.</p> <p>An interview with Regional Nurse Consultant on 3/27/2024 at 2:20 p.m. indicated they did not have a specific policy for RN coverage, but the facility would follow the Center for Medicare and Medicaid regulation.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>45291</p> <p>Based in interview and record review, the facility failed to ensure that a pharmacy recommendation was completed in a timely manner for 1 of 5 residents reviewed for pharmacy services. (Resident 2)</p> <p>Findings include:</p> <p>The clinical record for Resident 2 was reviewed on 3/26/2024 at 2:05 p.m. The medical diagnosis included heart failure.</p> <p>An Annual Minimum Data Set Assessment indicated Resident 10 had moderate cognitive impairment.</p> <p>A pharmacy recommendation, printed on 10/15/2023, contained a recommendation regarding a gradual dose reduction of Resident 2's antidepressant. This recommendation was not signed by a practitioner until 12/14/2023 agreeing with the reduction in her antidepressant.</p> <p>A correlating physician order to reflect the reduction in Resident 2's antidepressant was entered in the medical record on 12/19/2023.</p> <p>An interview with the Regional Nurse Consultant on 3/27/2024 at 2:20 p.m. indicated she had no further information to provide regarding the pharmacy recommendation.</p> <p>A policy entitled, Policy and Procedure-Pharmacy Recommendations, was provided by the Regional Nurse Consultant on 3/26/2024 at 1:45 p.m. The policy indicated, .A response as to the action to be taken regarding the Pharmacy Consultant's recommendation will be documented within 7 days of the receipt of the recommendation .</p> <p>3.1-25(i)</p>		