

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155162	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2024
NAME OF PROVIDER OR SUPPLIER  Autumn Ridge Rehabilitation Centre		STREET ADDRESS, CITY, STATE, ZIP CODE  600 Washington Ave Wabash, IN 46992	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49411</b></p> <p>Based on interview and record review, the facility failed to provide notification of Medicare non-coverage for 2 of 3 residents reviewed for beneficiary protection notifications. (Resident 24 and 138)</p> <p>Findings include:</p> <p>On 6/12/24 at 10:45 a.m., the SNF (Skilled Nursing Facility) Beneficiary Protection Notification Review Forms were reviewed, and indicated the following:</p> <ol style="list-style-type: none"> <li>1. Resident 24 had been admitted to the facility on [DATE] under the Medicare Part A Skilled Services. The last covered day of Part A services was 5/24/24. The resident remained in the facility. The clinical record lacked Skilled Nursing Facility Advance Beneficiary Notice of Non- Coverage (SNF ABN).</li> <li>2. Resident 138 had been admitted to the facility on [DATE] under the Medicare Part A Skilled Services. The last covered day of Part A Services was 1/16/24. The resident remained in the facility. The clinical record lacked Skilled Nursing Facility Advanced Beneficiary Notice of Non- Coverage (SNF ABN).</li> </ol> <p>During an interview, on 6/17/24 at 11:20 a.m., the Administrator indicated she would check to see if there was any documentation stating the form was mailed to the resident representatives for Resident 24 and Resident 138.</p> <p>During an interview, on 6/17/24 at 11:36 a.m., the Administrator indicated she was unable to find any documentation showing the SNF ABN form was completed and mailed to their representatives.</p> <p>During an interview, on 6/18/24 at 10:12 a.m., the Social Services Director indicated she received a notice from therapy when resident's skilled services were to end. She tried to notify the resident representative on the same day. She filled out the NOMNC confirmation of notice by phone document and discussed the benefit options with them and how they could file an appeal. She was unaware she needed to fill out the SNFABN form. She mailed the forms to the representative and had them mail back the SNFABN form with their decision. She was unable to provide documentation showing discussion of the SNFABN form nor provide tracking information showing she mailed the forms.</p> <p>(continued on next page)</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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 6/17/24 at 2:09 p.m., the Administrator indicated the facility did not have a specific policy regarding the Beneficiary Protection Notification and agreed the SNF ABN form was not completed.</p> <p>3.1-4(f)(2)</p> <p>3.1-4(f)(3)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45122</p> <p>Based on observation, interview, and record review, the facility failed to provide grooming and dressing assistance (Resident 1) and failed to perform timely showers (Resident 26) for 2 of 3 residents reviewed for activities of daily living (ADLs).</p> <p>Findings include:</p> <p>1. During an observation, on 6/12/24 at 10:47 a.m., Resident 1 propelled herself in a wheelchair to the activity/dining area. She had brown facial hair the length of the diameter of a triple A battery to her upper lip.</p> <p>During an observation, on 6/12/24 at 3:46 p.m., the resident was seated in front of the nurse's station. The ADON talked to the resident briefly. The resident had a hole in her blue pants the size of a half dollar, in the left lower section of her abdomen, showing a white undergarment.</p> <p>During an observation, on 6/13/24 at 10:07 a.m., the resident sat in a wheelchair in the activity/dining area at a table eating a snack. She wore the same blue pants with a hole as mentioned above. The facial hair to her upper lip remained.</p> <p>During an observation, on 6/14/24 at 10:21 a.m., the resident asked the staff to help her back to her room from the nurse's station. The facial hair to her upper lip remained. Her shirt was pulled up on the left side and pants were down sitting low on her waist on the left side which left an area of her skin on her side exposed approximately the size of a half lengthwise standard sheet of notebook paper. LPN 4 assisted the resident back to her room.</p> <p>During an observation, on 6/14/24 at 10:33 a.m., the ADON asked the resident to go sit at the activity/dining room table, and she would get her a snack. The resident's shirt and pants were positioned as described above and continued to expose her skin on her abdomen and side.</p> <p>During an observation, on 6/14/24 at 11:48 a.m., the resident propelled herself in a wheelchair down the hall. Her shirt and pants remain positioned as described above.</p> <p>During an observation, on 6/17/24 at 11:17 a.m., the resident propelled herself in a wheelchair in the hall. She had small bits of brown particles smeared on her shirt. The facial hair to her upper lip remained.</p> <p>During an observation, on 6/18/24 at 10:25 a.m., the resident sat in a wheelchair at a table in the dining/activity area. The facial hair to her upper lip remained.</p> <p>The resident's clinical record was reviewed on 6/17/24 at 9:51 a.m. Her diagnoses included unspecified dementia without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety disorder, bipolar disorder, current episode hypomanic, major depressive disorder, anemia, and muscle weakness.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The quarterly Minimum Data Set (MDS) assessment on 5/21/24 indicated the resident was moderately cognitively impaired. No behaviors were indicated. She required supervision or touching assistance with upper body dressing. She required partial/moderate assistance with lower body dressing, toileting hygiene, personal hygiene, transfers to bed, chair, and toilet, and moving from sitting to standing position.</p> <p>A current care plan for potential for tiredness, weakness, and abnormal labs due to anemia (10/1/21) included an intervention to assist with care as needed (10/1/21). The care plan was reviewed/revise on 6/4/24.</p> <p>A current care plan for ADLs functional status (6/18/21) indicated the resident required assistance with ADLs. The interventions included assist with dressing/grooming/hygiene as needed. Encourage the resident to do as much for self as possible (6/18/21). The care plan was reviewed/revise on 6/4/24.</p> <p>A current care plan (6/18/21) indicated the resident required assistance and/or monitoring with AM/PM care, nutrition, hydration, and elimination. The interventions included AM cares including bathing, dressing, hair combing and oral care (6/18/21) and PM Cares including bathing, dressing, hair combing and oral care. The care plan was reviewed/revise on 6/4/24.</p> <p>The progress notes and point of care documentation from 5/19/24 to 6/17/24 lacked resident refusals of grooming or dressing.</p> <p>During an interview, on 6/17/24 at 1:54 p.m., CNA 5 indicated when a resident refused showers, AM care, or PM care it is recorded under the POC (point of care) charting.</p> <p>During an interview, on 6/17/24 at 2:14 p.m., CNA 7 indicated if the resident refused AM or PM care she told the nurse.</p> <p>During an interview, on 6/17/24 at 2:18 p.m., CNA 7 indicated she put out clean clothes, underwear, washcloths and a towel for Resident 1 for PM care. The resident washed herself.</p> <p>During an interview, on 6/18/24 at 10:47 a.m., CNA 8 indicated Resident 1 was independent. CNA 8 had very recently started working day shift and was uncertain how the resident was about removing facial hair. She was typically pretty good with showers. If the resident refused showers, AM care, or PM care it would be put on the electronic record. The nurse would also be informed of the refusal.</p> <p>During an interview, on 6/18/24 at 12:30 p.m., the DON indicated Resident 1 did a lot for herself and sometimes refused help. The DON would expect the staff to offer to change the resident's clothing if there were holes in them. She would expect the staff to offer to shave a resident as needed. She was unable to find refusals of dressing, changing clothes, or shaving in the resident's clinical record. The resident did not have refusals of facial hair removal or refusal to change clothing care planned.</p> <p>During an interview, on 6/18/24 at 12:38 p.m., the DON indicated she would expect the staff to offer to adjust a resident's clothing as needed.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 6/18/24 at 12:50 p.m., CNA 8 indicated when a resident's clothes were not adjusted to cover their body, she would offer to adjust them.</p> <p>During an interview, on 6/18/23 at 3:32 p.m., Resident 1 indicated she did not need any help to get dressed or groomed. She did it herself.</p> <p>A current facility document, review date 4/2012, provided by the Administrator on 6/18/24 at 2:30 p.m., titled A.M. Care, indicated the procedure steps for A.M. care included .Shave the resident, is [sic] needed .Assist resident with dressing</p> <p>2. During an observation, on 6/12/24 at 3:57 p.m., CNA 7 assisted Resident 26 out of her room in a wheelchair. The resident indicated loudly she did not have her eyes repeatedly as her wheelchair was being pushed. CNA 7 continued to push the resident's wheelchair down the hall. The Dementia Care Director stopped CNA 7 and indicated the resident needed her glasses. The resident's hair was greasy and [NAME].</p> <p>During an observation, on 6/13/24 at 10:02 a.m., the resident sat in a wheelchair at a table in the dining/activity area with her glasses on listening to recorded bagpipe music. Her hair was greasy.</p> <p>During an observation, on 6/17/24 at 11:15 a.m., the resident sat in a wheelchair at a table in the dining/activity area. Her hair was greasy.</p> <p>The resident's clinical record was reviewed on 6/14/24 at 1:45 p.m. Her diagnoses included dementia without behavioral disturbance, psychotic disturbance, mood, disturbance, and anxiety, depression, other fatigue, and muscle weakness.</p> <p>An annual MDS assessment on 4/24/24 indicated the resident was severely cognitively impaired. No behaviors were indicated. She required substantial/maximal assistance with showering/bathing and personal hygiene.</p> <p>A current care plan for ADLs functional status (7/9/22) indicated the resident required assistance with ADLs. The interventions included the following: Assist with bathing as needed per resident preference. Offer showers two times a per week, partial bath in between (7/9/22). The care plan was reviewed/ revised on 4/25/24.</p> <p>The clinical record lacked a care plan for refusal of showers.</p> <p>The Point of Care notes indicated showers were given 5/16/24, 5/20/24, 5/27/24, 6/3/24, 6/6/24, 6/10/24, and 6/13/24. The notes indicated partial bed baths were given between 5/20/24 and 5/27/24 and between 5/27/24 and 6/3/24. No showers or full bed baths were given during the aforementioned time frames. The Point of Care notes lacked refusals of showers during the time frame from 5/20/24 through 6/3/24.</p> <p>The progress notes lacked refusal of showers between 5/20/24 and 6/3/24.</p> <p>During an interview, on 6/13/24 at 12:28 p.m., Resident 26's representative indicated the resident's hair often looked greasy and had never looked that way before in her life. She questioned if the resident was getting her showers and hair washed two times a week as scheduled.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 6/17/24 at 1:54 p.m., CNA 5 indicated the residents could get as many showers a week as they wanted. They should get at least two a week. Their hair was washed with the showers. If the resident refused the shower, then it was documented in the electronic medical record.</p> <p>During an interview, on 6/17/24 at 2:14 p.m., CNA 7 indicated if the resident refused a shower, then it was documented on the shower sheet and in the computer. The residents had their hair washed with showers.</p> <p>During an interview, on 6/18/24 at 10:44 a.m., CNA 8 indicated the showers were marked on a paper and would mark on it if the resident refused. The refusal would also be documented in the electronic medical record. She washed the residents' hair each time showered.</p> <p>During an interview, on 6/18/24 at 12:24 p.m., the DON indicated the refusal of a shower should show up as a full bed bath as this would be what would be given if refused. She had not known the resident to usually have a problem with showers. She reviewed the resident's clinical record and was unable to locate refusal of shower or a full bed bath was given from 5/20/24 to 5/27/24 and 5/27/24 to 6/3/24. She asked the ADON to get her the resident's facility shower sheets between 5/23/24 and 6/3/24.</p> <p>During an interview, on 6/18/24 at 12:33 p.m., the DON indicated the facility had shower sheets that were to be filled out with showers. She reviewed the resident's shower sheets between 5/23/24 and 6/10/24. There were no shower sheets for the times between 5/20/24 and 5/27/24 and 5/27/24 and 6/3/24. She indicated there was one shower given in a week span during the above-mentioned time periods.</p> <p>A current facility document, reviewed on 4/2012, provided by the Administrator on 6/18/24 at 2:30 p.m., titled Shower, indicated the following: .Help resident shampoo and rinse hair</p> <p>3.1-38(a)(2)(A)</p> <p>3.1-38(a)(3)(D)</p> <p>3.1-38(a)(3)(B)</p> <p>3.1-38(b)(2)</p> <p>3.1-38(b)(3)</p>		

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<p>F 0811</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are assessed for appropriateness for a feeding assistant program, receive services as per their plan of care, and feeding assistants are trained and supervised.</p> <p>45122</p> <p>Based on observation, interview, and record review, the facility failed to ensure qualified staff assisted residents with eating for 1 of 3 mealtime observations.</p> <p>Finding includes:</p> <p>During an interview, on 6/12/24 at 9:42 p.m., the Administrator indicated the facility did not have paid feeding assistants.</p> <p>During an observation on 6/14/24 at 12:21 p.m., Activity Assistant 10 sat down beside Resident 16 and assisted her with eating by filling the spoon with bites of food and placing it into the resident's mouth.</p> <p>During an interview, on 6/14/24 at 2:18 p.m., the DON indicated only licensed and certified personnel were permitted to assist residents with eating. The activity assistants had been certified recently as CNAs. She would locate Activity Assistant 10's certification.</p> <p>During an interview, on 6/14/24 at 2:23 p.m., the DON indicated Activity Assistant 10 had passed her skills test, but not her written test, for the CNA certification.</p> <p>Review of a CNA Skills Test document, provided by the DON on 6/14/24 at 2:23 p.m., indicated Activity Assistant 10 had passed her skills test on 1/9/24.</p> <p>During an interview, on 6/18/24 at 10:32 a.m., the DON indicated she was uncertain of how long Activity Assistant 10 was able to assist the residents with eating after taking her class without passing the certification. The DON was not generally on the secured unit during mealtimes and was uncertain how often Activity Assistant 10 actually assisted the residents with eating.</p> <p>During an interview, on 6/18/24 at 12:50 p.m., CNA 8 indicated the nurses and CNAs assisted the residents with eating. The Dementia Care Director was not permitted to assist the residents with eating. Activity Assistant 10 assisted the residents with eating because she was certified.</p> <p>A current facility policy, dated 10/2023, provided by the Administrator on 6/18/24 at 4:08 p.m., titled Nurse Aide In-Training Program Policies and Procedures, indicated the following: .after an individual has received a certificate of completion for passing a Nurse Aide Training Program, they have twenty-four months from the date disclosed on the Certificate of Completion to pass their state exam. In the meantime, they may be employed as a Nurse Aide for up to 120 days. After 120 days, if the individual has not completed and passed the State exam, they must be transferred into a non-certificate required role</p> <p>3.1-53(c)(6)</p>		