

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2024
NAME OF PROVIDER OR SUPPLIER Waters of Castleton Skilled Nursing Facility, The		STREET ADDRESS, CITY, STATE, ZIP CODE 8400 Clearvista Pl Indianapolis, IN 46256	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28309</p> <p>Based on interview and record review, the facility failed to ensure a Minimum Data Set (MDS) assessment was correctly completed, related to falls for 1 of 3 residents reviewed for falls. (Resident B)</p> <p>Findings include:</p> <p>The clinical record of Resident B was reviewed on 1-25-24 at 12:12 p.m. It indicated she was admitted to the facility on [DATE], with diagnoses that included, but were not limited to, unspecified encephalopathy, diabetes, rheumatoid arthritis, depression, high blood pressure, unspecified signs and symptoms of cognitive function, general muscle weakness and unspecified protein-calorie malnutrition.</p> <p>Her admission MDS assessment, dated 10-9-23, under section J, indicated the facility was unable to determine if she had any falls or fractures in the 6 month period prior to her admission to the facility. It indicated she had sustained no falls from the time of her admission through the assessment reference date (ARD) of 10-9-23.</p> <p>A review of the clinical record from the date of admission and through 10-9-23, indicated she had sustained two falls on 10-8-23, one at 2:00 a.m. and the second at 5:30 p.m.</p> <p>In an interview on 1-25-24 at 2:00 p.m., with the Corporate Nurse, she indicated around the date of the MDS assessment for Resident B, the regular MDS staff person was out on medical leave and the facility was using a corporate MDS person. During the exit conference on 1-25-24 at 3:40 p.m., the Corporate Nurse indicated it appeared the regular MDS staff had conducted this particular MDS assessment.</p> <p>In an interview on 1-25-24 at 3:30 p.m., with the Executive Director, he indicated the facility does not have a particular policy related to the MDS assessments, but utilizes the most current RAI (Resident Assessment Instrument) manual.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Centers for Medicare & Medicaid Services ' Long-Term Care Facility Resident Assessment Instrument (RAI) User ' s Manual, October 2023, For Use Effective October 1, 2023, Section J, indicates for the review period for falls for the first or admission assessment, review the medical record for the time period from the admitted to the ARD .Review all available sources for any fall since the last assessment, no matter whether it occurred while out in the community, in an acute hospital, or in the nursing home. Include medical records generated in any health care setting since last assessment. All relevant records received from acute and post-acute facilities where the resident was admitted during the look-back period should be reviewed for evidence of one or more falls. Review nursing home incident reports and medical record (physician, nursing, therapy, and nursing assistant notes) for falls and level of injury. Ask the resident, staff, and family about falls during the look-back period. Resident and family reports of falls should be captured here, whether or not these incidents are documented in the medical record. Review any follow-up medical information received pertaining to the fall, even if this information is received after the ARD (e.g., emergency room x-ray, MRI, CT scan results), and ensure that this information is used to code the assessment.</p> <p>This Federal deficiency relates to Complaint IN00419429.</p> <p>3.1-31(a)</p>		