| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155304 | A. Building<br>B. Wing | 05/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Waters of New Castle, The | 1000 N 16th St<br>New Castle, IN 47362 |

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) |
|---|---|
| F 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28309<br><br>Based on interview and record review, the facility failed to accurately code two Minimum Data Set (MDS) assessments related to an antipsychotic medication for 1 of 1 residents reviewed for suicidal attempts. (Resident B)<br><br>Findings include:<br><br>The clinical record of Resident B was reviewed on 5-1-24 at 9:52 a.m. His diagnoses included, but were not limited to, anxiety, depression, nightmare disorder and suicidal ideation.<br><br>His most recent MDS assessment, a quarterly assessment dated [DATE], indicated he received antipsychotic medications in Section N0415A, related to medications ordered for the resident. However in Section N0450A, the MDS assessment was coded to reflect he did not receive antipsychotic medications, thus negating the use of a gradual drug reduction information for the use of this type of medication. In the prior MDS, an annual assessment, dated 11-17-23, this information was identified in the same manner.<br><br>In an interview with the MDS Coordinator on 5-1-24 at 11:34 a.m., she indicated it appeared as if she had coded the information for the use of an anti-psychotic incorrectly. She indicated the clinical record indicated he had received Zyprexa, an antipsychotic medication, during the look-back period period of 7 days for each of the MDS assessments.<br><br>A review of Resident B's medication administration record (MAR) for November, 2023, indicated he had received Zyprexa 2.5 milligrams (mg) twice daily from 11-15-23 through 11-30-23. A review of the February, 2024 MAR indicated he had received Zyprexa 2.5 mg twice daily for 2-1-24 through 2-29-24.<br><br>In an interview with the Executive Director on 5-1-24 at 2:30 p.m., she indicated the facility does not have a specific policy or procedure related to the MDS assessment process, but uses the current RAI (Resident Assessment Instrument) Manual for reference to any MDS assessments.<br><br>(continued on next page) |



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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|
| F 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | The Centers for Medicare and Medicaid Long-Term Care Facilities Resident Assessment Instrument 3.0 User's Manual, version 1.1811, October, 2023, indicates in Section N, Medications, for Section N0415, High Risk Drug Classes: Use and Indication, the appropriate high-risk medications should be checked, such as antipsychotic medications have been administered in the 7-day look back period. Residents taking medications in these medication categories and pharmacological classes are at risk of side effects that can adversely affect health, safety, and quality of life. In Section N, Section N0450A, Antipsychotic Medication Review, this portion requests, Did the resident receive antipsychotic medications since admission/entry or readmission or the prior OBRA assessment, whichever is more recent? The response choices for N0450A provided for selections of yes, or no.<br><br>This Federal tag relates to Complaint IN00432528.<br><br>3.1-37(a)<br><br>3.1-37(c)(13) |