

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155661	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/09/2024
NAME OF PROVIDER OR SUPPLIER  Owen Valley Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  920 W Highway 46 Spencer, IN 47460	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35318</p> <p>Based on interview and record review, the facility failed to ensure the admission Minimum Data Set (MDS) assessment was completed within 14 calendar days from the admitted for 4 of 4 residents reviewed for Resident Assessment. (Resident 132, Resident 133, Resident 282, Resident 75)</p> <p>Findings include:</p> <p>1. On 12/9/24 at 11:56 a.m., Resident 132's clinical record was reviewed. The diagnosis included, but was not limited to, urinary tract infection. The resident was admitted to the facility on [DATE].</p> <p>The admission MDS assessment for Resident 132 indicated it was still in progress. The completion date should have been on 12/2/24, which was 14 calendar days from the admitted .</p> <p>2. On 12/9/24 at 12:00 p.m., Resident 133's clinical record was reviewed. The diagnosis included, but was not limited to, clostridium difficile. The resident admitted to the facility on [DATE].</p> <p>The admission MDS assessment for Resident 133 indicated it was still in progress. The completion date should have been on 12/1/24, which was 14 calendar days from the admitted .</p> <p>50647</p> <p>3. On 12/5/24 at 2:00 p.m., Resident 282's clinical record was reviewed. The diagnoses included, but were not limited to, major depressive disorder, post-traumatic stress disorder, and schizoaffective disorder (a chronic mental illness). Resident 282 was admitted on [DATE].</p> <p>Resident 282's admission MDS assessment, dated 11/21/24, indicated it was still in progress, at the time of record review this indicated it was 28 days past due.</p> <p>During an interview on 12/9/24 at 11:00 a.m., the MDS Coordinator indicated an admission MDS assessment needed to be completed and signed by the 14th calendar day after admission. She indicated the admission assessment for Resident 282 was still in progress and that it was overdue.</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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. On 12/5/24 at 11:06 a.m., Resident 75's clinical record was reviewed. The diagnoses included, but were not limited to, encephalopathy (a general term for a brain disorder), urinary tract infection and escherichia coli (type of bacteria). Resident 75 was admitted on [DATE].</p> <p>Resident 75's admission MDS assessment, dated 10/14/24, indicated the RN verified and signed the admission assessment on 11/2/24, which was 20 days after admission.</p> <p>During an interview with the MDS Coordinator on 12/9/24 at 11:00 a.m., she indicated the admission assessment for Resident 75 was completed late.</p> <p>During an interview with the MDS Coordinator on 12/9/24 at 11:05 a.m., she indicated the facility did not have a policy for MDS assessments, she indicated they used The Centers for Medicare &amp; Medicaid Services (CMS) Resident Assessment Instrument (RAI) tool.</p> <p>A review of the RAI User's Manual (v.1.19.1, effective 10/1/24) on 12/9/24 at 12:30 p.m., indicated .For all non-Admission OBRA [Omnibus Budget Reconciliation Act] and PPS [Prospective Payment System] assessments, the MDS Completion Date must be no later than 14 days after the Assessment Reference Date. For the Admission assessment, the MDS Completion Date must be no later than 13 days after the Entry Date .</p> <p>3.1-31(d)(1)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>38312</p> <p>Based on interview and record review, the facility failed to ensure residents were invited to participate in the care planning conference for 1 of 1 resident reviewed for care planning. (Resident 67)</p> <p>Findings include:</p> <p>On 12/4/24 at 2:15 p.m., Resident 67 indicated she had not been invited to her care plan conferences.</p> <p>On 12/5/24 at 10:23 a.m., Resident 67's clinical record was reviewed. The diagnoses included, but were not limited to, atrial fibrillation and major depressive disorder.</p> <p>The quarterly Minimum Data Set (MDS) assessment, dated 10/24/24 indicated Resident 67 had moderate cognitive impairment.</p> <p>The clinical record lacked documentation of Resident 67 having been invited to participate in the care plan conference after the quarterly MDS assessment, dated 10/24/24.</p> <p>On 12/9/24 at 10:46 a.m., the Social Service Designee (SSD) indicated they would invite the resident and/or resident's responsible party to care plan conferences after the comprehensive or quarterly MDS assessment. Resident 67's quarterly MDS assessment was completed in October 2024. The clinical record lacked documentation of an invitation or the care plan conference after the quarterly MDS assessment in October 2024.</p> <p>On 12/9/24 at 12:50 p.m., the Director of Nursing (DON) provided a copy of the facility policy, Baseline Care Plan, dated 10/20/23, and indicated it was the policy currently being used. A review of the the policy lacked documentation of resident and/or resident's representative invitation to care plan meeting after MDS assessments.</p> <p>3.1-35(d)(2)(B)</p>		