STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155704	A. Building B. Wing	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waldron Rehabilitation and Healthcare Center	505 N Main St Waldron, IN 46182

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 25054 Based on observation, interview, and record review, the facility failed to promote residents' dignity by ensuring privacy for a resident during toileting and providing incontinent care in a timely manner for 2 of 2 residents reviewed for dignity. (Resident 23 and Confidential Resident) Findings include: 1. During an observation on 10/8/24 at 12:13 p.m., Qualified Medication Aide (QMA) 1 and Certified Nurse Aide (CNA) 2 assisted Resident 23 to the toilet in the shower room. QMA 1 and CNA 2 indicated they left Resident 23 in the bathroom alone, because the resident preferred privacy. The shower room had hooks for a privacy curtain, but did not have a privacy curtain hanging to provide privacy to the hallway. QMA 1 and CNA 2 did not know what happened to the privacy curtain. The shower room door was opened four times while the resident was using the restroom, exposing the resident to the hallway. During an interview with the Maintenance Director on 10/8/24 at 12:26 p.m., they indicated it was laundry staff's responsibility to ensure the privacy curtains were in place. During an interview with the Maintenance Director on 10/8/24 at 12:32 p.m., they indicated laundry staff had taken the privacy curtains down, on 10/7/24, to wash them and they were putting the curtains back up at that time. During an interview with the Director of Nursing (DON) on 10/9/24 at 1:09 p.m., they indicated Resident 23 not having the privacy curtain up during toileting could have impacted the resident's dignity. 45291 2. A confidential resident's record was reviewed on 10/8/2024 at 1:30 p.m. The medical diagnoses included depression and anxiety. The most recent Minimum Data Set Assessment indicated the confidential resident was cognitively intact, occasionally incontinent of bowel and bladder, and dependent on staff for assistance with toileting. (continued on next page)

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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The most recently revised care plans, last revised in August of 2024, indicated the resident was incontinent of bladder and was at risk for skin break down related to incontinence. An intervention was to provide the resident with scheduled toileting upon rising, before and after meals, and before bed, as well as incontinence care as needed. During a confidential resident interview conducted during the survey, the resident indicated they were made to wait a long time for their call light to be answered, upwards to an hour. They were able to verify they use the wall mounted clock in their room to keep track of the time. The confidential resident indicated they almost always know when they must relieve their bowel and bladder, but they cannot get assistance to the bathroom in a timely manner, resulting them in having incontinence of bladder frequently. They stated they had bladder incontinence episodes due to having to wait for assistance as recently as in the last week, but this was a long-standing issue for the last few months. When the confidential resident had incontinence episodes, they would feel terrible and embarrassed. During a confidential staff interview conducted during the survey, they indicated they attempt to get everything done, but they cannot always get all the residents toileted and showered due to not having enough help. A policy entitled, Resident Rights, was provided by the Director of Nursing on 10/8/2024 at 1:50 p.m. The policy indicated, .Residents have the right to a dignified existence . and .to be treated with considerations, respect, and recognition of their dignity . 3.1-3(t)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 50436 Based on interview and record review, the facility failed to hold quarterly care plan meetings for 1 of 3 residents reviewed for care plans. (Resident 8) The clinical record for Resident 8 was reviewed on 10/7/24 at 10:35 a.m. The diagnoses included, but were not limited to, chronic kidney disease, heart failure, and generalized anxiety disorder. During an interview with Resident 8 on 10/4/24 at 11:00 a.m., they indicated they did not have regular care plan meetings. A Quarterly Minimum Data Set (MDS) assessment, dated 8/1/24, indicated Resident 8 was cognitively intact for daily decision making. The electronic health record (EHR) indicated Resident 8 had a quarterly care plan meeting, on 8/4/23, a quarterly care plan meeting, on 2/5/24, and another quarterly care plan meeting, on 7/9/24; indicating no care plan meetings were done for six months, then not again for another five months. During an interview with the Social Service Director (SSD) on 10/7/24 at 1:31 p.m., they indicated care plan meetings were to be held quarterly, and she did not know how the quarterly meetings got missed. A Comprehensive Care Plan Policy provided by the Administrator, on 10/8/24 at 10:15 a.m., indicated, .4. Each resident's comprehensive person-centered care plan is consistent with the resident's rights to participate in the development and implementation of his or her plan of care, including the right to: a. Participate in the planning process .c. Participate in establishing the expected goals and outcomes of care .5. The resident is informed of his or her right to participate in his or her treatment and provided advance notice of care planning conferences 3.1-35(d)(2)(B)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 25054 Based on observation, interview, and record review, the facility failed to utilize an assistive device of a gait belt during a transfer resulting in a fall for 1 of 2 residents reviewed for accidents. (Resident 23) Findings include: During an interview with the Director of Nursing (DON) on 10/8/24 at 11:45 a.m., they indicated Resident 23 was an extensive assist of two people for transfers, on 9/20/24, when she fell . The staff were not utilizing a gait belt during the transfer and the resident did not have any medical condition that would prevent a gait belt being used. During an observation on 10/8/24 at 12:13 p.m., Qualified Medication Aide (QMA) 1 and Certified Nurse Aide (CNA) 2 assisted Resident 23 from her wheelchair to the toilet utilizing a gait belt. The resident was totally dependent of the two staff and gait belt for the transfer and the resident was bent over at the waist. During an interview with the Therapy Manager on 10/8/24 at 12:34 p.m., they indicated gait belts should be used during transfer and ambulation for all residents unless the resident was independent with ambulation and transfer. The Therapy Manager indicated a gait belt should be used for Resident 23. During an interview with the Therapy Manager on 10/8/24 at 12:40 p.m., they indicated the staff should have been utilizing a gait belt when transferring Resident 23, on 9/20/24, when she fell . Review of the record of Resident 23, on 10/9/24 at 1:27 p.m., indicated the diagnoses included, but were not limited to, vascular dementia, anxiety, weakness, unsteadiness on feet, lack of coordination, muscle wasting, and Alzheimer's disease. The plan of care for Resident 23, dated 6/4/24, indicated the resident was at risk for falls related to impaired safety awareness due to dementia, Alzheimer's disease, hypertension, right rotator cuff strain, incontinence and impaired mobility. The State Optional Minimum Data Set (MDS) assessment for Resident 23, dated 7/12/24, indicated the resident was moderately impaired for daily decision making. The resident required extensive assistance of two people with transfers and toileting. The initial occurrence note for Resident 23, dated 9/20/24, indicated the resident had a witnessed fall in the bathroom. The resident was lowered down to the floor on her knees. There were no injuries. The Interdisciplinary (IDT) note for Resident 23, dated 9/23/24, indicated the resident was lowered to the floor in the restroom. There were no injuries or pain. The resident would be evaluated by therapy. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-45(a)(2)

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. 25054 Based on interview and record review, the facility failed to have a Registered Nurse (RN) 8 hours a day, 7 days a week, for 5 of 5 months of RN coverage reviewed. This had the potential to affect all 47 residents that resided in the facility. Findings include: Review of the schedules provided by the Administrator, on 10/4/24 at 1:00 p.m., indicated there were no RNs in the facility for seven out of 30 days in April 2024, seven out of 31 days in May 2024, four out of 30 days in June 2024, six out of 30 days in September 2024, and two out of eight days in October 2024. During an interview with the Administrator on 10/8/24 at 2:27 p.m., they verified the facility did not have RN coverage in April, May, June, September, and/or October of 2024. During an interview with the Administrator on 10/8/24 at 2:34 p.m., indicated she was not aware of any residents being affected by the facility not having an RN in the building during those months and there were no incomplete tasks that only an RN could do. The sufficient staffing policy provided by the Director of Nursing (DON), on 10/9/24 at 1:50 p.m., indicated the facility would have a Registered Nurse (RN) at least 8 hours a day, and 7 days a week. 3.1-17(b)(3)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. 50436 Based on observation, interview, and record review, the facility failed to have knowledgeable dietary staff regarding a chemical dishwasher for 6 of 6 dietary employees reviewed for kitchen. (Dietary Manager, [NAME] 4, [NAME] 5, Dietary Aid 6, Dietary Aid 7, and Dietary Aid 8) A tour of the kitchen was conducted with [NAME] 4 on 10/3/24 at 11:15 a.m. [NAME] 4 indicated she was not sure what the dishwasher strip testing should read. It was observed [NAME] 4 was using the wrong testing strips to test the chemical dishwasher. She also was unsure of proper temperatures that should be recorded. [NAME] 4 did not know what the temperatures or readings should be for chemical sanitization parts per million (ppm). During an observation of the chemical dishwasher with the Dietary Manager (DM) on 10/3/24 at 12:00 p.m., she was using the wrong chemical testing strips to test the chemical dishwasher. An incorrect reading was being read and the DM did not know why. During an interview with the DM on 10/3/24 at 12:23 p.m., they indicated high temperature logs were being kept for the chemical dishwasher, but chemical testing was not being logged and monitored. She indicated, we test daily, we just did not start a log for chemical monitoring. During an interview with the Administrator on 10/4/24 at 11:00 a.m., they indicated education on the new chemical dishwasher was provided by the service man when he came to install it, but the Dietary Manager could not find the education that was provided to the employees. The Dietary Policy and Procedure Manual provided by the Administrator, on 10/4/24 at 1:00 p.m., indicated, . low temperature dishwasher/spray type dish machines using chemicals to sanitize should have wash temperatures of 120 degrees Fahrenheit and final rinse sanitization should read 50 parts per million (ppm) Hypochlorite 3.1-20(h)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 50436 Based on observation, interview, and record review, the facility failed to ensure a chemical dishwasher was tested /monitored three times daily per their expectations and to maintain documentation of such monitoring. This had the potential of affect all 47 residents who resided in the facility. Based on observation, interview, and record review, the facility failed to maintain holding temperatures for pureed foods for 5 of 5 residents receiving pureed foods. (Resident 18, 26, 34, 39, and 40) Findings include: 1. A tour of the kitchen was conducted, on 10/3/24 at 12:00 p.m., with the Dietary Manager (DM). During an observation of the chemical dishwasher, the only documentation log for monitoring of the dishwasher was obtaining temperatures only for wash and rinse cycles three times a day. The DM indicated the dishwasher was a chemical/low temperature dishwasher and not a high temperature dishwasher. The DM indicated the facility used a chemical solution for the dishwasher. During an interview with the DM on 10/7/24 at 1:17 p.m., they indicated the facility was testing the chemicals daily on the dishwasher before, but they were not recording them. The dishwasher was changed over from a high temperature to a chemical/low temperature a couple months ago and they continued with the temperature logs only and did not add a chemical log. The DM indicated it was the dietary aid who was responsible for the testing of chemical parts per million (ppm) being conducted on the dishwasher. The Dietary Policy and Procedure Manual provided by the Administrator, on 10/4/24 at 1:00 p.m., indicated the following, . the dishwashing staff will monitor and record dish machine temperatures and Sanitizer PPM to assure proper sanitizing of dishes. The director of food and nutrition services will post a log near the dish machine for the staff to document temperatures and Sanitizer PPM 2. A tour of the kitchen was conducted, on 10/3/24 at 11:15 a.m., with [NAME] 4. During an observation of the pureed food temperatures being obtained, it was noted that pureed mixed vegetables were recorded with a holding temperature of 118 degrees Fahrenheit. The pureed apple butter pork loin had a holding temperature of 118 degrees Fahrenheit and the pureed mashed potatoes had a holding temperature of 118 degrees Fahrenheit. An observation was noted of pureed food containers being stored in a hot water container. [NAME] 4 indicated if they did not have room to store food on the serving line, they held the containers in a separate container off the serving line with hot water on the bottom of it to keep the food warm. [NAME] 4 indicated she would heat the pureed food in the microwave before serving it to the residents. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The Dietary Policy and Procedure Manual provided by the Administrator, on 10/4/24 at 1:00 p.m., indicated the following, . the temperatures of all food items will be taken and properly recorded prior to service of each meal. All hot food items must be cooked to appropriate internal temperatures, held and served at a temperature of at least 135 degrees Fahrenheit 3.1-21(a)(2) 3.1-21(i)(2) 3.1-21(i)(3)