

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155760	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER Waterford Crossing		STREET ADDRESS, CITY, STATE, ZIP CODE 1332 Waterford Cir Goshen, IN 46526	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45120</p> <p>Based on interview and record review, the facility failed to honor a resident's shower preference for 1 of 1 resident reviewed for choices. (Resident 13)</p> <p>Finding includes:</p> <p>During an interview, on 12/13/2024 at 9:42 A.M., Resident 13 was unsure if the facility asked her about her preference for showers. She indicated she received a shower two times a week on the evening shift. She indicated she would like to have a shower daily on the day shift, as she had never showered in the evening before this admission.</p> <p>A record review for Resident 13 was completed on 12/16/2024 at 1:05 P.M. Diagnoses included, but were not limited to: anemia, end stage renal disease and celiac disease.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 10/26/2024, indicated Resident 13 was cognitively intact and it was important to her to choose between a tub bath, shower, bed bath or sponge bath.</p> <p>On 12/11/2024, the census information indicated Resident 13 had moved from room [ROOM NUMBER] to room [ROOM NUMBER].</p> <p>A Shower Schedule, for the 200-hall, indicated room [ROOM NUMBER] received a shower on Mondays and Thursdays on day shift.</p> <p>A Shower Schedule for the 300-hall indicated Resident 13 received a shower on Mondays and Thursdays on the evening shift.</p> <p>During an interview, on 12/17/2024 at 2:46 P.M., CNA 9 indicated prior to Resident 13's admission to the facility, Resident 13 received showers on day shift in the assisted living setting.</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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 12/18/2024 at 11:01 A.M., the Staff Development Director indicated residents were interviewed for their shower preference upon admission. She indicated the results of the preference interviews were documented on the shower sheet schedule. She indicated Resident 13 had moved from the 200-hall where she received a shower on day shift and moved to the 300-hall where Resident 13 may have just been placed in a shower slot that was available. She indicated the resident's preference should have been honored.</p> <p>A policy was provided by the Director of Nursing, on 12/18/2024 at 11:48 A.M. The policy titled, Resident Choice, , indicated, .Resident have the right to make choices regarding their care, daily routine, religious practices, and activity participation</p> <p>3.1-3(u)(1)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>45120</p> <p>Based on interview and record review, the facility failed to ensure a care plan for vision needs was in place for 1 of 2 residents reviewed for communication and sensory needs. (Resident 8)</p> <p>Finding includes:</p> <p>During an interview, on 12/12/2024 at 10:25 A.M., Resident 8 indicated he could not read the newspaper or the Bible.</p> <p>A record review for Resident 8 was completed, on 12/13/2024 at 12:57 P.M. Diagnoses included, but were not limited to: metabolic encephalopathy, major depressive disorder and macular degeneration.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 9/9/2024, indicated Resident 8 had moderate cognitive impairment and had impaired vision and utilized corrective lenses.</p> <p>An Annual MDS assessment, dated 8/19/2024, indicated a CAA (care area assessment) was triggered for visual impairment for Resident 8, but a plan of care related to vision needs was not developed.</p> <p>A Social Service Comprehensive Note, dated 8/19/2024 at 3:36 P.M., indicated Resident 8 had impaired vision with ability to see large print but not regular print when reading newspapers or books.</p> <p>A care plan could not be located for impaired vision for Resident 8.</p> <p>During an interview, on 12/18/2024 at 11:11 A.M., the MDS (Minimum Data Set) Coordinator indicated a care plan had not been developed for vision needs for Resident 8.</p> <p>During an interview, on 12/18/2024 at 11:14 A.M., the Social Service Director indicated a care plan was not developed for vision needs for Resident 8 and a vision care plan should have been completed.</p> <p>A policy was provided by the Director of Nursing, on 12/17/2024 at 11:03 A.M. The policy titled, Comprehensive Care Plan Guidelines, indicated, .To ensure appropriateness of services and communication that will meet the resident's needs, severity/stability of conditions, impairment, disability, or disease in accordance with state and federal guidelines .b. Care plan interventions should be reflective of the risk area(s) or disease processes that impact the individual resident .6. Comprehensive care plans need to remain accurate and current</p> <p>3.1-35(a)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>38845</p> <p>Based on observation, interview and record review, the facility failed to ensure 1 of 7 nursing staff administering medications maintained professional standards of quality. (QMA 4)</p> <p>Findings include:</p> <p>During a medication observation, on 12/16/2024 at 8:25 A.M., QMA 4 was observed to remove a souffle medication cup from the top drawer of the 300-hall medication cart. Resident 56's name was written on the side of the souffle cup that contained 14 different medications.</p> <p>The top drawer of the medication cart also contained 2 more souffle cups with the names of Residents 13 and 134 written on the side of the cups.</p> <p>During an interview, on 12/16/2024 at 8:26 A.M., QMA 4 indicated he should not have preset the medications.</p> <p>On 12/18/2024 at 11:51 A.M., the Director of Nursing provided the policy titled, Medication Administration-General Guidelines, with a revision date of 11/2018, and indicated the policy was the one currently used by the facility. The policy indicated . 4. Medications are not pre-poured either in advance of the med pass or for more than one resident at a time</p> <p>3.1-35(g)(1)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>38845</p> <p>Based on observation, interview and record review, the facility failed to ensure over the counter medications were labeled appropriately for 1 of 2 medication storage carts. (300 hall- back medication cart).</p> <p>Finding includes:</p> <p>During a medication administration observation, on 12/17/2024 at 6:09 A.M., RN 11 obtained medication bottles from the cart. The following medications had labels indicating the ordering physician, resident's name or ordered dose:</p> <ul style="list-style-type: none"> - a bottle of 81 mg (milligrams) aspirin. - multiple bottles of men's multi vitamin capsules - q bottle of vitamin B 12 - 5000 mg tablets - a bottle of multi-vitamins - a bottle of Acetaminophen 650 mg. <p>During an interview, RN 11 indicated the medications observed without labels should have been labeled.</p> <p>On 12/17/2024 at 9:52 A.M., the Director of Nursing provided the policy titled, Medication Ordering and Receiving from Pharmacy- Medication Labels, dated 11/2018, and indicated the policy was the one currently used by the facility. The policy indicated . F. Resident-specific non prescription medications (not floor stock) that are not labeled by the pharmacy are kept in the manufacture's original container and identified with the resident's name. Facility personnel may write the resident's name on the container or label as long as the required information listed above (see B.) is not covered. B . 1) Resident's name . 3) Medication name. 4) Strength of medication. 5) Prescriber's name . 8) Beyond use (or expiration) date of medication</p> <p>3.1-25(j)(l)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45120</p> <p>Based on observation, record review and interview, the facility failed to follow infection control practices regarding enhanced barrier precautions for 1 of 1 resident reviewed for dialysis care. (Resident 13)</p> <p>Finding includes:</p> <p>A record review for Resident 13 was completed on 12/16/24 at 1:05 P.M. Diagnoses included, but were not limited to: anemia, end stage renal disease and dependence on renal dialysis.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 10/26/2024, indicated Resident 13 had moderate cognitive impairment and received dialysis care.</p> <p>A Physician's Order, dated 11/2/2024, indicated staff were to use enhanced barrier precautions, wearing a gown and gloves at minimum, during high-contact care activities three times a day.</p> <p>A current Care Plan, initiated on 10/22/2024, indicated Resident 13 required enhanced barrier precautions (EBP) during high-contact care related to presence of dialysis treatment with a fistula. Interventions included, but were not limited to: don/doff and dispose of PPE (Patient Protective Equipment) systematically and appropriately per policy, face mask to be utilized as needed and utilize gown and gloves per EBP policy during high contact ADL (Activities of Daily Living) care (e.g. dressing, showering/bathing, hygiene, transfers, toileting/changing briefs) and during linen changes.</p> <p>During an observation, on 12/16/2024 at 1:29 P.M., no precautionary signage or personal protective equipment (PPE) was observed outside Resident 13's room.</p> <p>During an observation and interview, on 12/17/2024 at 11:04 A.M., Resident 13 indicated the staff did not wear PPE, including gowns, gloves and mask when they provided direct care. There was no signage outside the room that indicated enhanced barrier precautions were in place and no PPE equipment was inside or outside of the room.</p> <p>During an observation, on 12/18/2024 at 9:52 A.M., CNA 8 was providing care for Resident 13 in the bathroom. CNA 8 was dressing Resident 13 as the resident sat on the toilet. The CNA did not have on any PPE. CNA 8 indicated he did not think PPE was required for direct care with Resident 13. He indicated he had utilized only gloves when he provided personal care to Resident 13.</p> <p>During an interview, on 12/18/2024 at 9:54 A.M., RN 7 indicated Resident 13 was the only resident in her care that required enhanced barrier precautions. She indicated enhanced barrier precautions were only utilized when providing care for Resident 13's dialysis fistula.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A policy was provided by the Director of Nursing, on 12/18/2024 at 11:48 A.M. The policy titled, Enhanced Barrier Precautions [EBP] Standard Operating Procedure, indicated, .1. Enhanced Barrier Precautions [EPB] will be in place during high-contact care activities for residents with the following conditions: ii. All Residents with indwelling medical devices .3. High-contact care activities include but are not limited to: morning and evening ADL [activities of daily living] care, toileting, and showers</p> <p>3.1-18(a)</p>		