

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/10/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155842		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/26/2023	
NAME OF PROVIDER OR SUPPLIER SPRINGS OF MOORESVILLE, THE				STREET ADDRESS, CITY, STATE, ZIP COD 302 NORTH JOHNSON ROAD MOORESVILLE, IN 46158			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: September 19, 20, 21, 22, 25, and 26, 2023</p> <p>Facility number: 013694 Provider number: 155842 AIM number: 300018361</p> <p>Census Bed Type: SNF/NF: 19 SNF: 24 Residential: 19 Total: 62</p> <p>Census Payor Type: Medicare: 19 Medicaid: 19 Other: 5 Total: 43</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed September 28, 2023.</p>			F 0000	<p>The submission of this plan of correction does not indicate an admission by The Springs of Mooresville that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of The Springs of Mooresville. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>="" b=""> ="" span=""> ="" b=""></p>		
F 0657 SS=D Bldg. 00	<p>483.21(b)(2)(i)-(iii) Care Plan Timing and Revision §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Natalie Padgett

Administrator

10/06/2023

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 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 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.

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	<p>must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>Based on observation, interview, and record review, the facility failed to revise a care plan for a resident who experienced significant weight loss for 1 of 1 resident reviewed for nutrition. (Resident 3)</p> <p>Findings include:</p> <p>On 9/20/23 at 2:40 P.M., Resident 3 was observed lying in bed in her room. The resident appeared thin in the face and all extremities.</p> <p>On 9/20/23 at 3:05 P.M., Resident 3's clinical</p>			F 0657	<p>1. Resident 3 was affected without adverse occurrences noted. Resident was interviewed for preferences for nutritional supplements and orders were obtained and added to the care plan.</p> <p>2. All residents have the potential to be affected. Education provided to IDT team regarding interventions and updating</p>		09/27/2023

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	<p>record was reviewed. The diagnoses included, but were not limited to, Ogilvie Syndrome (a condition characterized by symptoms of a blockage of the intestine without any physical block) and chronic respiratory failure.</p> <p>The Annual Minimum Data Set assessment, dated 6/30/23, indicated the resident had experienced weight loss and was not on a physician prescribed weight loss program.</p> <p>On 3/27/23, the resident weighed 114.6 lbs. On 9/18/23, the resident weighed 100 pounds which was a 12.74 percent weight loss in 6 months.</p> <p>On 8/28/23, the resident weighed 101.3 lbs. On 9/4/23, the resident weighed 93 pounds which was a 8.19 percent weight loss in 1 week.</p> <p>A physician's order, with a start date of 4/25/23 indicated the resident was prescribed 120 ml (milliliters) of Ensure three times per day.</p> <p>A nutrition care plan with a problem start date of 4/27/23 indicated the resident had experienced significant weight loss. Interventions with a start date of 4/27/23 indicated "...offer encouragement and assistance with eating...provide diets, supplements, medications, adaptive equipment, and snacks as ordered...weigh as ordered...". No nutrition care plan interventions relative to the resident's weight loss were documented after 4/27/23.</p> <p>During an interview on 9/21/23 at 10:18 A.M., the resident indicated at times she had little appetite. The resident indicated she would consume ice cream milk shakes if offered to her to help increase her weight.</p>				<p>care plan for residents with significant weight loss. All residents with noted weight loss were audited for appropriate interventions with orders obtained and plan of care added as appropriate. 3. As a measure of ongoing compliance, a care plan audit of residents that have had significant weight changes to ensure weight change care plans are up to date will be completed. Clinical team and dietary to audit interventions weekly during Clinically at Risk meeting. Clinical team to communicate new interventions with dietary and MDS for an update in the care plan. weekly x4 weeks, then bi-weekly x8 weeks then monthly x3 months. 4. As a quality measure, the ED or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted.</p>		

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R 0000 Bldg. 00	<p>During an interview on 9/26/23 at 10:05 A.M., the Director of Health Services, Assistant Director of Health Services, and the Administrator indicate staff was aware of the resident's weight loss, and no interventions had been updated or added to the nutrition care plan since 4/27/23.</p> <p>3.1-35(d)(2)(B)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: September 19, 20, 21, 22, 25, and 26, 2023.</p> <p>Facility number: 013694</p> <p>Residential Census: 19</p> <p>The Springs of Mooresville was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p>			R 0000	<p>The submission of this plan of correction does not indicate an admission by The Springs of Mooresville that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of The Springs of Mooresville. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the</p>		

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