

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

PRINTED: 01/13/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/07/2022
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NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE	STREET ADDRESS, CITY, STATE, ZIP COD 1350 N TODD DR SCOTTSBURG, IN 47170
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00392527, IN00395821 and IN00395991.</p> <p>Complaint IN00392527 - Unsubstantiated due to lack of sufficient evidence.</p> <p>Complaint IN00395821 - Substantiated. Federal/State deficiencies related to the allegations are cited at F744 and F842.</p> <p>Complaint IN00395991 - Unsubstantiated due to lack of sufficient evidence.</p> <p>Survey dates: December 5, 6 and 7, 2022</p> <p>Facility number: 000478 Provider number: 155494 AIM number: 100290430</p> <p>Census Bed Type: SNF/NF: 63 Total: 63</p> <p>Census Payor Type: Medicare: 12 Medicaid: 33 Other: 18 Total: 63</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 13, 2022.</p>	F 0000		
F 0744 SS=D Bldg. 00	<p>483.40(b)(3) Treatment/Service for Dementia §483.40(b)(3) A resident who displays or is</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Mindy	TITLE Hewitt	(X6) DATE 01/04/2023
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed 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.

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	<p>diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.</p> <p>Based on interview and record review, the facility failed to ensure non-pharmacological interventions were implemented for a resident (Resident K), prior to a behavioral medication adjustment, for 1 of 3 residents reviewed for dementia care.</p> <p>Findings include:</p> <p>The clinical record for Resident K was reviewed on 12/7/22 at 11:00 a.m. The diagnosis included, but was not limited to, dementia.</p> <p>The care plan, dated 11/9/22, indicated the resident was at risk for behavioral disturbance. The interventions indicated staff were to offer activity of choice, monitor for behaviors, provide psychiatric care as ordered, approach resident calmly, and to provide antipsychotic medications as ordered.</p> <p>The incident report, dated 11/11/22, indicated Resident K lifted his leg up and made contact with Resident H's leg. The residents were separated and 15 minute checks were initiated on Resident K.</p> <p>The care plan, dated 11/14/22, indicated the resident made contact with the leg of Resident H, the residents were separated and 15 minute checks were initiated on Resident K.</p> <p>The progress note, dated 11/14/22 at 6:10 p.m., indicated the behavior hospital would be accepting the resident as a direct admit and at 7:50</p>	F 0744	<p>It is the policy of this facility to ensure non-pharmacological interventions are implemented for residents receiving behavioral medications. Non-pharmacological interventions have been added to Resident K's EMR.</p> <p>All residents receiving behavioral medications have the potential to be impacted by this deficient practice. A 100% audit was completed on residents receiving behavioral medications and non-pharmacological interventions were added to their EMR. DON/Designee will in- staff on the policy "Dedicated Dementia Care Unit Philosophy" by 12/28/2022. DON/Designee will audit 10 residents a week for 4 weeks for implementation of non-pharmacological interventions, then 5 residents a week for 4 weeks, then 5 residents a month for 4 months. If the facility is within compliance at the end of 6 months then monitoring can be stopped.</p> <p>Any staff that fails to comply with the points of this in-service will be further educated and/or progressively disciplined as indicated. Any concerns will be addressed and corrected. Any results will be discussed in the</p>	12/28/2022

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	<p>p.m., the resident was transferred to the behavior hospital.</p> <p>The progress note, dated 11/23/22 at 6:13 p.m., indicated the resident was readmitted to the facility.</p> <p>The admission order, dated 11/23/22, indicated the resident was to receive Depakote (medication used to treat manic episodes of bipolar) 250 mg (milligrams) at bedtime.</p> <p>The incident report, dated 11/26/22 at 5:15 p.m., indicated Resident K walked over to Resident L, placed his hand under his chin and lifted it up to talk to him. The residents were separated and Resident K was placed one on one (one staff to one resident observation). Resident L was moved to a different room off the dementia unit.</p> <p>The progress note, dated 11/26/22 at 5:41 p.m., indicated staff had taken the resident to his room to use the restroom and had found another staff member cell phone in the resident's brief. After the cell phone had been retrieved, the resident pulled the hair of the staff member, bit the staff member, walked out of the bathroom and ambulated over to his roommates bed, Resident L. Resident K placed his hand under Resident L's chin and lifted it up to talk to him. Resident K was redirected and placed one on one supervision. The physician was notified with a new order to increase Resident K's Depakote from 250 mg at bedtime to twice daily.</p> <p>The clinical record lacked documentation of any non-pharmacological interventions attempted prior to increasing the resident's medication.</p> <p>During an interview on 12/7/22 at 1:00 p.m., the Executive Director indicated the interventions that</p>		monthly QAPI meeting and action plan will be developed as needed.	

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F 0842 SS=D Bldg. 00	<p>were implemented included the resident not having a roommate, an increase in the resident's Depakote, and one on one supervision, which was discontinued after 5 days since the resident did not have any more behaviors.</p> <p>On 12/7/22 at 1:27 p.m., the Executive Director provided a current undated copy of the document titled "Dedicated Dementia Care Unit Philosophy". It included, but was not limited to, "We believe, despite...disease process, every one of our residents have...needs that are equally important...We believe that behaviors displayed by...Dementia residents are caused by a progressive degeneration of the brain that these residents have very little control...Based on this belief...We choose rather to modify the environment...and focus on intervention and redirection...."</p> <p>This Federal tag relates to Complaint IN00395821</p> <p>3.1-37</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on</p>			

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	<p>each resident that are-</p> <ul style="list-style-type: none"> <li>(i) Complete;</li> <li>(ii) Accurately documented;</li> <li>(iii) Readily accessible; and</li> <li>(iv) Systematically organized</li> </ul> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> <li>(i) To the individual, or their resident representative where permitted by applicable law;</li> <li>(ii) Required by Law;</li> <li>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</li> <li>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</li> </ul> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> <li>(i) The period of time required by State law; or</li> <li>(ii) Five years from the date of discharge when there is no requirement in State law; or</li> <li>(iii) For a minor, 3 years after a resident reaches legal age under State law.</li> </ul>			

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	<p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> <li>(i) Sufficient information to identify the resident;</li> <li>(ii) A record of the resident's assessments;</li> <li>(iii) The comprehensive plan of care and services provided;</li> <li>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</li> <li>(v) Physician's, nurse's, and other licensed professional's progress notes; and</li> <li>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</li> </ul> <p>Based on interview and record review, the facility failed to ensure a resident's (Resident C) medication administration record accurately reflected the administration of an as needed narcotic pain medication for 1 of 3 residents reviewed for medical records.</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 12/6/22 at 10:10 a.m. The resident's diagnoses included, but were not limited to, dementia, senile degeneration of the brain, and Alzheimer's disease.</p> <p>The physician's order, dated 9/21/22, indicated the resident was to receive morphine sulfate (narcotic pain medication) 0.5 ml (milliliters) every 2 hours as needed for moderate to severe pain.</p> <p>The physician's order, dated 9/23/22, indicated the resident was to receive Lorazepam (narcotic anti-anxiety medication) 0.5 mg (milligrams) every 2 hours as needed for anxiety.</p> <p>Review of the October 2022 controlled drug</p>	F 0842	<p>It is the policy of this facility for the Medication Administrations Record to accurately reflect the administration of an as needed narcotic pain medication.</p> <p>All residents receiving as needed narcotic pain medications has the potential to be impacted by this deficient practice. DON/Designee will in-service nursing staff on the policy "Medication Administration" by 12/28/2022. DON/Designee will audit PRN Narcotic medications 5 days a week x 4 weeks for documentation in the EMR, then 3 days a week for 4 weeks, then monthly x 4 months. If the facility is within compliance at the end of 6 months then monitoring can be stopped.</p> <p>Any staff that fails to comply with the points of this in-service will be further educated and/or progressively disciplined as</p>	12/28/2022

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	<p>receipt record (narcotic count sheet) indicated the resident received the morphine sulfate on the following dates and times:</p> <ul style="list-style-type: none"> <li>-10/02/22 at 12:00 a.m., 3:00 a.m. and 10:00 p.m.</li> <li>-10/03/22 at 1:00 a.m., 3:00 a.m., 5:00 a.m. and 11:00 p.m.</li> <li>-10/04/22 at 5:00 a.m.</li> <li>-10/06/22 at 4:00 a.m.</li> <li>-10/14/22 at 10:00 p.m.</li> <li>-10/28/22 at 10:00 p.m.</li> <li>-10/29/22 at 1:00 a.m.</li> </ul> <p>Review of the October 2022 controlled drug receipt record indicated the resident received the Lorazepam on the following dates and times:</p> <ul style="list-style-type: none"> <li>-10/02/22 at 11:00 p.m.</li> <li>-10/06/22 at 2:00 a.m. and 4:00 a.m.</li> <li>-10/28/22 at 10:00 p.m.</li> <li>-10/29/22 at 3:00 a.m.</li> <li>-10/30/22 at 11:35 p.m.</li> <li>-10/31/22 at 3:00 a.m.</li> </ul> <p>The October 2022 medication administration record lacked documentation of the administration of the medications on the above dates and times.</p> <p>Review of the November 2022 controlled drug receipt record indicated the resident received the morphine sulfate on the following dates and times:</p> <ul style="list-style-type: none"> <li>-11/05/22 at 3:00 a.m.</li> <li>-11/10/22 at 4:00 a.m. and 6:00 a.m.</li> <li>-11/12/22 at 4:00 a.m.</li> <li>-11/13/22 at 12:00 a.m. and 4:00 a.m.</li> <li>-11/19/22 at 2:00 a.m. and 5:00 a.m.</li> </ul> <p>Review of the November 2022 controlled drug receipt record indicated the resident received the</p>		<p>indicated. Any concerns will be addressed and corrected. Any results will be discussed in the monthly QAPI meeting and action plan will be developed as needed.</p>	

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	<p>Lorazepam on the following dates and times:</p> <p>-11/05/22 at 3:00 a.m. -11/10/22 at 2:00 a.m.</p> <p>The November 2022 medication administration record lacked documentation of the administration of the medications on the above dates and times.</p> <p>During an interview on 12/7/22 at 10:16 a.m., QMA (Qualified Medication Aide) 4 indicated when narcotics were administered, they should be signed off on the narcotic count sheet and the MAR (medication administration record).</p> <p>On 12/7/22 at 1:27 p.m., the Executive Director provided a current undated copy of the document titled "Medication Administration". It included, but was not limited to, "Purpose...To ensure that resident medications are administered...and documentation is completed to substantiate administration...Medication Administration Record will be signed for each medication administered to the resident...."</p> <p>This Federal tag relates to Complaint IN00395821</p> <p>3.1-50(a)(2)</p>			