STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	155443		04/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF MUNCIE, THE	2400 CHATEAU DR MUNCIE, IN 47303

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	This visit was for a Recertification and State Licensure Survey. Survey dates: April 11,12,13,14 and 15, 2016 Facility number:000310 Provider number:155443 AIM number:100288970 Census bed type: SNF/NF:48 SNF: NF: Total:48 Census payor type: Medicare:4 Medicaid:41 Other:3 Total:48 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. QR completed on April 18, 2016 by 17934.	F 0000	000 Preparation and or execution of the plan of correctionin general, or this corrective action in particular does not constitute anadmission agreement by the facility of facts alleged or conclusions set forthin the statement of deficiencies. Theplan of correction and specific corrective actions are prepared and/or executedin compliance with state and federal laws. This POC is to serve as the Waters of Muncie's credible allegation ofcompliance. The Waters of Muncie respectfully requests paper compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

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F 0309 SS=D Bldg. 00	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Based on record review and interview, the facility failed to ensure communication between the nursing home and the dialysis center was completed in regards to dialysis services for 1 of 1 resident reviewed for dialysis services. (Resident #17) Findings include: 1. The clinical record for Resident #17 was reviewed on 4 /14/16 at 2:49 p.m. Diagnoses for Resident #17 included, but were not limited to, chronic renal disease, diabetes, and hypertension. Resident #17 current, 9/10/15 , physician ' s order indicated, dialysis treatments Monday, Wednesday and Friday.	F 0309	**F-309** It is the policy of thefacility to ensure that communication between the facility and the dialysisservices provider is completed as per facility policy and contract with thedialysis provider. Resident #17 haspertinent information as dictated and required on the inter facility dialysiscommunication form (including but not limited to code status, vs, wt. andcurrent meds) completed by both the facility and the dialysis provider for eachtreatment session.	05/02/2016

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	The dialysis binder for Resident #17 lacked pertinent medical information, titled "Hemodialysis Communication Form For Extended Care Facilities", for 4/5/16, 3/28/16, 3/14/16, and 3/16/16 from March 2016 to April 2016. During an interview with RN #1 on 4/15/16 at 8:46 a.m., she indicated she would assess the resident and retrieve a full set of vital signs. The vital signs are transcribed onto the Communication form along with any medication the resident had been administrated before leaving the building. During an interview with the Director of Nursing (DON) on 4/15/16 at 8:52 a.m., she indicated the nurses are to complete the dialysis communication form. She indicated the communication form should include the residents code status, vital signs, weights and medications. The DON indicated the nurses are to check the communication form when the resident returns from the dialysis center to ensure the dialysis facility communication form was complete and information pertained was noted. She indicated the communication between the nursing facility and the dialysis center did not happen on the above dates noted.		Any resident who receivesdialysis in the facility has the potential to be affected by this finding. (Currently, Resident #17 is the only resident receiving dialysis in thefacility). Going forward, the DON/Designee will monitor the dialysiscommunication form prior to the resident leaving for their dialysis treatmentsessions. Any lacking documentation willbe added. Further, sometime during thetime that Resident #17 is at the dialysis center the DON/Designee will call toremind the center staff to complete the communication form prior to Resident#17's return to the facility. ShouldResident #17 return without the needed documentation from the dialysis center,the facility will call and request that a report be sent (faxed) and the reportwill be attached to the resident's communication form related to that day'streatment session. This monitoring will continue until 4 consecutive	

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	A current, 9/30/15 facility contract, titled " AFFILIATION AGREEMENT", provided by the Administrator on 4/13/16 at 3:16 p.m., indicated: "Responsibilities of the Nursing Home... shall promptly communicate pertinent medical information with respect to any residents transferred to the Dialysis Facility, including, where applicable, provisional diagnosis, treatment history, clinical condition and any other pertinent medical or social information... the Nursing Home shall immediately inform the Dialysis Facility of any changes in the resident's medical condition." 3.1-37(a)		weeks ofzero negative findings are achieved. Afterwards, the monitoring will occur weekly for not less than 6 monthsto ensure ongoing compliance. Then, random monitoring will occur. At an in-service held fornurses 4-29-16, the following was reviewed: A.) DialysisProcess—Over view B.) Inter facilitycommunication form C.) Importance of sharingpre and post information on residents who receive dialysis D.) Questions/Answers Any staff who fail tocomply with the points of the in-service will be further educated and/orprogressively disciplined as indicated At the monthly QA meetingsthe results of the Dialysis Communication Form monitoring will bereviewed. Any concerns will beaddressed. If	

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			necessary, an Action Planwill be written by the committee. AnyAction Plan will be monitored weekly by the Administrator until resolved. Note: Any concerns revealed during themonitoring will be addressed at that time.	
F 9999 Bldg. 00	A physical examination shall be required for each employee of a facility within one(1) month prior to employment. The examination shall include a tuberculin skin test using the Mantoux method (5 TU PPD), administered by persons having documentation of training from department-approved course of instruction in intradermal tuberculin skin testing, reading and recording unless a previously positive reaction can be documented. The results shall be recorded in millimeters of induration with the date given, date read, and by who administered. The tuberculin skin test must be read prior to the employee starting work. The facility must assure the following: The facility shall maintain a health record of each employee that includes: a report of the preemployment physical examination	F 9999	It is the policy of thefacility to ensure that employees have a physical exam within one month prior to employment. This includes a PPD skin test given by aproperly credentialed person. Employees #3, #4, and #7have physicals in their files that are untimely, but they are completed.Employees #5 and #6 have been researched and the dates of their physicals,while untimely, are completed and in their files. Note: It appears that employee #7 was writtenas the second #6 in the 2567. Goingforward, employees	05/02/2016

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	This state rule is not met as evidence by: Based on record review and interview, the facility failed to ensure timely preemployment physical exams were completed for 5 of 7 employee files completed. (employee's #3, #4, #5, #6, and #7) Findings include: The employee record review conducted on 4/14/16 at 3:14 p.m., indicated 5 of 7 employee's physical exam was not completed prior to employment as followed: Employee #3 starting date 3/31/16, employee health examination record was signed by physician on 4/16/16. Employee #4 starting date 1/29/16, employee health examination record was signed by physician on 2/2015 Employee #5 starting date 12/30/15, employee health examination record was signed by physician in February unable to determine day or year. Employee #6 starting date 1/21/16, employee health examination record was signed by physician in February unable to		will have their physicals completed timely and within onemonth of starting work. TheADON/Designee will keep track of all new employees and the dates of theirphysicals—making sure they are within a month of the employee starting towork. There will be an ongoing log keptto document this tracking. Each week thestatus of each newly hired employee as related to the date of their physicalwill be reviewed by the ADON/Designee and the Administrator/Designee. Any concerns will be addressed. This will be an ongoing process. At an in-service held forall Department Heads 4-29-16, the Administrator explained therequirement of pre-employment physicals being obtained timely as perregulation. The Administrator/DON alsospoke with Medical Director and explained the pre-employment physicalrequirements as	

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	determine day or year. Employee #6 starting date 1/6/16, employee health examination record was signed by physician on 2/3/16. During an interview with the Director of Nursing (DON) on 4/14/16 at 2:34 p.m., she indicated the nurses at this facility completed the new employee's vital signs, Mantoux test and drug screen. The facilities Medical Director signs the physical form when he comes into the facility during his weekly rounds. The DON indicated if the facility was in need of an employee to begin working prior to the Medical Director weekly visits to the facility, the facility would fax the physical form to his office for signature. A current, January 1, 2007 facility policy, titled " HR-104: Health Requirement", provided by the Administrator on 4/14/16 at 3:15 p.m., indicated: "Employees of The Waters of Muncie, LLC shall be required to meet applicable health regulations, including an Employee Health Examination Record and Mantoux test in order to meet state regulations". 3.1-14(t)(3)(A)		per regulation. Any Department Heads whofail to comply with the points of the inservice will be further educated and/orprogressively disciplined as indicated. At the monthly QA meetingsthe results of the employee physical tracking log will be reviewed. Anypatterns will be identified and addressed. If necessary, an Action Plan will be written. Any Action Plan writtenwill be monitored weekly by the Administrator until resolved.	

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