

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155483	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/05/2012
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NAME OF PROVIDER OR SUPPLIER  WATERS OF RISING SUN THE	STREET ADDRESS, CITY, STATE, ZIP CODE 405 RIO VISTA LN RISING SUN, IN 47040
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 2, 3, 4, and 5, 2012</p> <p>Facility number: 000405 Provider number: 155483 AIM number: 100273800</p> <p>Survey team: Diana Sidell RN, TC Jill Ross RN Janie Faulkner RN</p> <p>Census bed type: SNF/NF: 56 Total: 56</p> <p>Census payor type: Medicare: 11 Medicaid: 36 Other: 9 Total: 56</p> <p>Sample: 14</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 4/13/12 by Suzanne Williams, RN</p>	F0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and /or executed in compliance with state and federal laws. WE ARE REQUESTING PAPER COMPLIANCE DUE TO THERE WAS NO HARM AND NO PREVIOUS PROBLEM IN THE PAST YEAR.</p>	

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

TITLE

(X6) DATE

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.

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F0157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified when several incidents of medications were held due to lethargy. This affected 1 of 12 residents reviewed</p>	F0157	It is the intention of this facility to ensure the primary physician was notified and the appropriate documentation is in place.A.ACTIONS TAKEN1. In regards to resident #32: The	04/13/2012			

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	<p>for physician notification in a sample of 14. (Resident # 32)</p> <p>Findings included:</p> <p>On 4/2/2012 at 1:30 P.M., review of Resident # 32's record indicated he was admitted with diagnoses including, but not limited to, intellectual disability, anxiety, organic brain syndrome with behavioral disturbances, gastroesophageal reflux disease, seizure disorder, hypothyroidism, edema, decreased bowel motility, and impulse control disorder.</p> <p>Review of the physician orders indicated Resident # 32's medications included, but were not limited to, the following:</p> <p>Abilify 15 mg once daily for impulse control, order date 6/26/10                      Buspar 5 mg one tablet two times daily for anxiety, order date 3/12/12 increased dosage from 3.75 mg                      Clonazepam 2 mg once daily at 5 P.M., order date 12/26/11 and Clonazepam 1 mg daily at 6 A.M. for organic brain syndrome, order date 1/16/12                      Lamictal 200 mg two times daily at 6 A.M. and 5 P.M. for seizures, order date 6/27/10                      Levothyroxine 100 mcg once daily at 6 A.M. for hypothyroidism, order date 6/26/10</p>		<p>physician was notified and the appropriate documentation is in place.B. OTHERS IDENTIFIED:1. 100% audit of all residents with no other residents identified. All residents have the potential to be affected.C. MEASURES TAKEN:1. The Nursing staff was inserviced on physician of notification for any change of condition of a resident.2. The DON/Designee will audit the medication administration record daily for any refused or held medications, and identified change of condition; to ensure follow through with notification of the physician/family and for appropriate nursing documentation. The 24 hour report will be signed by the DON/Designee after review.D. HOW MONITORED:1. The DON/Designee will review the QA daily start-up report daily in the QA stand-up meeting.2.the CEO/Designee will review all audits daily in the QA stand-up meeting with the IDT.3. The CEO/Designee will review all audits with the Medical Director in the quarterly QA meeting.E. THIS PLAN OF CORRECTION CONSTITUTES OUR CREDIBLE ALLEGATION OF COMPLIANCE WITH ALL REGULATORY REQUIREMENTS. OUR DATE OF COMPLIANCE IS 4-13-2012</p>				

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	<p>Docusate Sodium 100 mg capsule twice daily at 6 A.M. and 5 P.M. for decreased bowel motility, order date 6/26/10</p> <p>Glycopyrrrolate 2 mg tablet two times daily at 6 A.M. and 5 P.M. for increased secretions, order date 6/26/10</p> <p>Omeprazole DR 20 mg capsule once daily at 6 A.M. for gastroesophageal reflux disease, order date 8/27/10</p> <p>Trileptal 600 mg tablet two times daily at 6 A.M. and 5 P.M. for seizures, order date 6/26/10</p> <p>Furosemide 40 mg tablet once daily at 6 A.M. for edema, order date 6/26/10</p> <p>Topiramate 50 mg tablet two times daily at 6 A.M. and 5 P.M. for seizures, order date 6/26/10</p> <p>Amitriptyline HCL 25 mg tablet once daily at bedtime for insomnia, order date 12/27/11.</p> <p>Review of Resident # 32's medication administration records indicated the resident's 9:00 P.M. dose of amitriptyline was held due to lethargy at bedtime on the following dates: 3/9/12, 3/10/12, 3/13/12, and on 3/16/12, with a nurses' note on the back side of the medication administration record for each date.</p> <p>Review of a nurse's note dated 3/10/12 at 8 P.M. indicated: "Temp [temperature] 98.8 Res[resident] in bed &amp; arouses easily to name. ^ [increased] lethargy noted-</p>			

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	<p>held RTN [routine] amitriptyline. 0 [no] issues noted."</p> <p>Review of a nurse's note dated 3/16/12 at 7 P.M., indicated: "0 issues r/t [related to] ^ Buspar 0 issues."</p> <p>A nurse's note on 3/17/12 at 1:30 A.M., indicated, "Res in bed 0 issues noted r/t ^ Buspar." "Res temp @ 99.2." "Res resting quietly in bed c [with] eyes closed. Easily arouses to name." "ATB [antibiotic] to start this A.M., 0 c/o [complaints] voiced." "0 S/S [signs and symptoms] distress."</p> <p>A Medication Administration Record review for Resident # 32 indicated on 3/17/12 at 6 A.M. the following medications were held due to lethargy: docusate sodium 100 mg, furosemide 40 mg, glycopyrrolate 2 mg, topiramate 50 mg, buspar 5 mg, lamictal 200 mg, levothyroxine 100 mcg, omeprazole DR 20 mg, and trileptal 600 mg. No entry was observed in the nurses notes regarding notification to the physician or the family.</p> <p>During an interview on 4/3/2012 at 2:30 P.M. with the Administrator and the Director of Nursing regarding medications circled on medication administration record, they provided a blank medication administration record</p>						

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	<p>with the following instructions circled in ink, "INITIAL APPROPRIATE BOX WHEN MEDICATION GIVEN, CIRCLE INITIALS WHEN MEDICATION REFUSED, INDICATE INJECTION ROUTE, STATE REASON FOR REFUSAL OF MEDICATION, STATE REASON AND RESULT FOR PRN MEDICATIONS."</p> <p>Review of a "Physician Notification of Resident Change of Condition" Guideline provided by the Administrator on 4/5/12 at 12:47 P.M., and indicated this as their current policy and procedure, indicated the Guideline: "It is the intent of the facility for the attending physician to be notified of a change in a resident's condition by licensed personnel as warranted."</p> <p>"Responsibility: All Licensed Personnel Procedure: 1. Physician notification is to include but is not limited to: *Onset of TEMPERATURE of 101 degrees F or higher with or without symptoms...* Change in level of consciousness.... 2. Make an entry into Nurse's notes regarding condition / physician notification and change in physician's orders."</p> <p>3.1-5(a)(2)</p>						

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F0371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview, and record review, the facility failed to ensure a dietary aide followed standard handwashing and glove use procedures in 2 of 3 dietary observations. This deficient practice had the potential to affect 55 residents who received meals from the kitchen of the 56 residents residing in the facility.</p> <p>Findings included:</p> <p>During a dietary observation of tray line preparation on 4/4/2012 at 11:55 A.M., Employee # 1/Dietary Aide was observed to return with the first tray cart and not wash his hands prior to removing items from the refrigerator. The dietary cook reminded Employee # 1/Dietary Aide to wash his hands. Employee # 1/Dietary Aide was observed to wash his hands and then wiped hands down over backside and side of his pants and continued placing drinks on each tray and placing trays in cart to be delivered to the residents. The Dietary manager cautioned Employee #</p>	F0371	<p>The facility's intent is for dietary aides to follow standard hand washing and glove use procedures. A. ACTIONS TAKEN: 1. In regards to Dietary Aide #1: Employee was provided with 1 on 1 education and observation to ensure proper handwashing and glove change standards were followed. B. OTHERS IDENTIFIED: 1. All residents would have the potential to be affected. C. MEASURES TAKEN: 1. All dietary staff was inserviced by the Dietary Manager on proper hand washing and glove changing standards. D. HOW MONITORED: 1. The Dietary Manager/Designee will provide 1 on 1 observation of dietary aide to ensure appropriate hand washing and glove changes per standards are completed daily X 7 days, weekly X 4 weeks, and monthly X 4 months. 2. The ADM/Designee will review all audits completed at daily QA stand-up meeting; monthly at QA meetings with the IDT; and Quarterly at the QA meeting with the Medical Director. E. THIS PLAN OF CORRECTION CONSTITUTES OUR CREDIBLE</p>	04/13/2012

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	<p>1/Dietary Aide that he should wash his hands again.</p> <p>On 4/5/2012 at 7:23 A.M. during the second dietary observation, Employee # 1/Dietary Aide was observed to remove gloves from his hands and put on new gloves with no handwashing. At 8:00 A.M., Employee # 1/Dietary Aide was observed to wash his hands and turn faucet off with his bare hands. Employee # 1/Dietary Aide was observed to put on new gloves then opened the refrigerator. He then took a container of orange juice out and placed it on the counter next to the tray cart. Employee # 1/Dietary Aide was observed to move the tray cart and spilled the orange juice. He was observed to wipe up juice with a paper towel and remove his gloves. Dietary Aide was observed to put on new gloves without washing his hands. On 4/5/2012 at 8:08 A.M., Employee # 1/Dietary Aide was observed to touch the rim of glasses with gloved hands as he picked up glasses of juice and milk to place on trays. At 8:10 A.M., Dietary Aide #1's glove on the right hand was observed to be torn from the thumb to palm as he continued to pick up glasses of juice, milk, and water. He was observed to touch the rims of glasses each time he picked up a glass.</p> <p>Review of Standard Precautions:</p>		ALLEGATION OF COMPLIANCE WITH ALL REGULATORY REQUIREMENTS, OUR DATE OF COMPLIANCE IS 04-13-2012.				

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	<p>Infection Control, provided by the Administrator on 4/5/2012 at 8:35 A.M. and indicated this is their current policy and procedure for handwashing and glove use for all facility staff, indicated all facility staff are responsible to use Standard Precautions to reduce the risk of transmission of microorganisms as sources of infection in the facility....</p> <p>A. Handwashing 1. Wash hands after touching contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed.</p> <p>B. Gloves Wear gloves when touching contaminated items.</p> <p>3.1-21(i)(3)</p>			

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F0458 SS=D	<p>483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms.</p> <p>Based on observation and interview, the facility failed to provide at lease 80 square feet per resident for 1 of 27 resident rooms. (room 5) This deficient practice affected 3 of 56 residents residing in the facility.</p> <p>Findings include:</p> <p>On 4/5/12 at 1:25 p.m., the following SNF/NF room was observed with less than 80 square feet per resident:</p> <p>* Room 5 had 3 resident beds and was 217 square feet equaling 72.33 square feet per resident. SNF/NF.</p> <p>During an interview on 4/5/12 at 1:25 p.m., the Administrator indicated they will continue with the room waiver for the room that did not meet the required 80 square feet per resident in the multiple resident room, for room 5.</p> <p>3.1-19(1)(2)</p>	F0458	A room waiver was requested and sent to Miriam Buffington.	04/13/2012	