

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155038	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/25/2016
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NAME OF PROVIDER OR SUPPLIER WATERS EDGE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 WEST WHITE RIVER BLVD MUNCIE, IN 47303
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00197014 .</p> <p>Complaint IN00197014 - Substantiated. Federal/State deficiency related to the allegations is cited at F465.</p> <p>Survey dates: April 25, 2016.</p> <p>Facility number: 000013 Provider number: 155038 AIM number: 100266100</p> <p>Census bed type: SNF/NF: 52 Total: 52</p> <p>Census payor type: Medicare: 4 Medicaid: 46 Other: 1 Total: 52</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on April 27, 2016.</p>	F 0000		
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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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F 0465 SS=E Bldg. 00	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure the residents were provided a clean homelike environment by failing to provide 2 of 2 clean shower rooms and equipment. This deficient practice had the potential to effect residents who used the facility shower rooms.(East and West Shower Rooms)</p> <p>Findings include:</p> <p>During an observation of the east shower room on 4/25/16 at 8:47 a.m., the following were observed: floor appeared unclean with debris noted, dried soiled white wash cloth with brown stains on the floor under a shower chair, dark brown black stains along the floor to wall caulking. The shower room had not been used and the floor was dry. The wash cloth was removed by the Director of Nursing.</p> <p>During an observation of the west shower room on 4/25/16 at 8:55 a.m., the</p>			F 0465	<p>Neithersigning nor submission of this plan of correction shall constitute an admissionof any deficiency or of any fact or conclusion set forth in the "Statement ofDeficiencies".</p> <p>Thisplan of correction is provided as evidence of the facility's desire to complywith the regulations and to continue to provide quality care.</p> <p>Irespectfully request paper compliance for complaint (IN00197014) as all issuescited have been corrected and interventions have been initiated to prevent thedeficient practice from reoccurring.</p> <p>Thankyou for your consideration.</p> <p>·what corrective action(s) will be accomplished for those residentsfound to have been affected by the deficient practice; Theshower chair was promptly cleaned, and the caulking in both shower rooms was replaced.</p> <p>·how other residents having the potential to be affected by the samedeficient practice will be identified and what corrective</p>		05/06/2016

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	<p>following were noted: unused shower chair stored for future use with dried brown stool on the seat, black brown stains along the floor to wall caulking. This observation was also made by the Director of Nursing.</p> <p>During a facility tour with the Administrator, Maintenance Manager, Housekeeping Manager and the Director of Nursing on 4/25/17 at 9:50 a.m., the same things were noted and addressed. The Director of Nursing indicated the west shower room had not been used this day. The Housekeeping Manager indicated the shower room did not appear to be clean and that the black brown stains along the floor to wall caulking appeared to be mold. The Housekeeping Manager also indicated the shower rooms were cleaned daily. The daily cleaning check off sheet was reviewed but lacked any indication as to what cleaning the shower room included. The Housekeeping Manager indicated the mold should have been noticed and addressed by nursing and housekeeping staff. No further information was provided.</p> <p>During an interview on 4/25/16 at 12:49 p.m., the Maintenance Manager indicated the preventative maintenance on the shower rooms did not include checking</p>		<p>action(s) will betaken; All residents that receive ashower had the potential to be affected. Theshower chair was promptly cleaned, and the caulking in both shower rooms wasreplaced.</p> <p>·what measures will be put into place or what systemic changes willbe made to ensure that the deficient practice does not recur; Aprocedure was put into place for shower cleaning procedure when dark patchesthat could be mold or mildew are discovered. A daily shower cleaning check offsheet was also put into place that gives the specifics on cleaning of walls,floors etc. Housekeeping staff have beeninserviced on the new procedures and forms. The C.N.A's have been re-inserviced on cleaning of shower equipmentpromptly after use.</p> <p>·how the corrective action(s) will be monitored to ensure thedeficient practice will not recur, i.e., what quality assurance program will beput into place; and TheHousekeeping supervisor will inspect each shower room each work day beforeinitialing the shower room daily cleaning form. The form also asks thehousekeeping supervisor to observe the resident shower equipment forcleanliness. The Executive Director will review the Daily shower cleaningsheets, weekly X 4 weeks then monthly at the QAA meeting. A</p>		

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	<p>for mold nor had he been informed of any issues with mold in the shower rooms. The Maintenance Manager also indicated the caulking would be replaced if cleaning with bleach or cleaning solution did not remove the mold.</p> <p>This federal tag relates to Complaint IN00197014.</p> <p>3.1-19(f)</p>		<p>Housekeeping Cleaning Continuous Quality Improvement Tool will also be completed monthly. Ther results of the reviews will be reported at the facility QAA meetings.</p> <p>by what date the systemic changes will be completed. 5/6/2016</p>		