

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

PRINTED: 03/03/2023

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 02/15/2023
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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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(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
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00400568 and IN00399485.</p> <p>Complaint IN00400568 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00399485 - Substantiated. Federal/State deficiency related to the allegation is cited at F558.</p> <p>Survey dates: February 14 and 15, 2023</p> <p>Facility number: 000478 Provider number: 155494 AIM number:100290430</p> <p>Census Bed Type: SNF/NF: 57 Total: 57</p> <p>Census Payor Type: Medicare: 10 Medicaid: 32 Other: 15 Total: 57</p> <p>This deficiency reflects State Finding cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 17, 2023.</p>	F 0000		
F 0558 SS=D Bldg. 00	<p>483.10(e)(3) Reasonable Accommodations Needs/Preferences §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Melinda Hewitt	Administrator	03/02/2023

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>preferences except when to do so would endanger the health or safety of the resident or other residents.</p> <p>Based on observation, interview, and record review, the facility failed to provide reasonable accommodation of a resident's needs by placing the call light out of reach for 1 of 5 residents reviewed for call light placement. (Resident E)</p> <p>Findings include:</p> <p>The clinical record for Resident E was reviewed on 2/14/23 at 10:59 a.m. A Quarterly MDS (Minimum Data Set) assessment, dated 1/12/23, indicated the resident was moderately cognitively impaired. The resident required extensive assistance of two or more staff members for all activities of daily living (ADLs). The active diagnoses included, but were not limited to, dementia with behavior, schizophrenia, and bipolar disorder.</p> <p>A Progress Note, dated 2/14/23 at 9:47 a.m., indicated Resident E had been yelling out all morning long. She would get quiet when staff were present and talking with her.</p> <p>During an observation on 2/14/23 at 11:44 a.m., Resident E was lying in bed and yelling out. The bed was situated with the head of the bed next to the window away from the privacy curtain. Resident E requested help to retrieve her cellphone, which was on the floor next to the bed. The call light was observed to be clipped to the privacy curtain at the foot of the bed out of the resident's reach.</p> <p>During an observation on 2/14/23 at 12:41 p.m., Resident E was observed lying in bed and the call light was clipped to privacy curtain at the foot of</p>	F 0558	<p>The Waters of Scottsburg Complaint Survey 2/15/2023</p> <p>Plan of Correction Text: Preparation and/or execution of this plan of correction in general, or this corrective action, does not constitute an admission of 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. Facility's date of alleged compliance is: March 2, 2023. Facility is respectfully requesting paper compliance for all deficiencies in this POC. F558 It is the policy of the facility to have a system in place to allow the staff to respond promptly to a resident's call for assistance and to ensure that the call system is in proper working order. The call system will be available in the resident's room as well as in the resident's bathroom. Residents who reside in the facility have the potential to be affected by this finding. On 2/16/2023, immediate rounds were completed to ensure all residents call lights were in place and within reach.</p>	03/02/2023

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	<p>the bed out of the resident's reach.</p> <p>During an observation on 2/14/23 at 3:43 p.m., Resident E was observed lying in bed and the call light was clipped to the privacy curtain at the foot of the bed out of the resident's reach.</p> <p>During an observation on 2/15/23 at 10:01 a.m., Resident E was observed lying in bed and yelling out. Both call lights were clipped to the privacy curtain at the foot of the bed out of the resident's reach.</p> <p>During an interview and observation on 2/15/23 at 10:06 a.m., Certified Nursing Aide (CNA) 2 indicated hanging a call light on a privacy curtain out of the resident's reach was not appropriate. The CNA confirmed the call light was clipped to the privacy curtain at the foot of the bed and out of Resident E's reach.</p> <p>During an interview and observation on 2/15/23 at 10:07 a.m., Qualified Medication Aide (QMA) 3 indicated Resident E would get over stimulated and would overuse the call light. The resident would just yell when she needed help. The QMA confirmed the call light was clipped to the privacy curtain at the foot of the bed and out of the resident's reach.</p> <p>The current facility policy, "Call Lights," and not dated, was provided by the Regional Administrator on 2/15/23 at 10:25 a.m. The Policy indicated, "...It is the policy of this facility to have a system in place to allow the staff to respond promptly to a resident's call for assistance ...Procedure: 9.) ...Always place the call light in an accessible location to where the resident is located in their room. Tell the resident where it is..."</p>		<p>DON/designee has been rounding 5 days/week x 4 weeks, then 3 days/week x 4 weeks, then monthly for no less than four months. If facility is 100% compliant at the end of the 6 months the monitoring will be stopped.</p> <p>At an inservice held on 2/23/23, for all staff, the following was reviewed:</p> <ol style="list-style-type: none"> 1. Checking to ensure call light is functioning. 2. Checking placement of call light to ensure within resident's reach at all times. <p>Any staff who fail to comply with the points of the in-service will be further educated and or progressively disciplined as indicated.</p> <p>At monthly QAPI meeting, the monitoring of the DON/designee will be reviewed. Any concerns will have been corrected as found. Any patterns will be identified. If necessary, an Action Plan will be written by the committee. Any written Action Plan will be monitored by the Administrator weekly until resolution.</p>	

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	This Federal tag relates to Complaint IN00399485. 3.1-3(v)(1)				