STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155409	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 06/26/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF INDIANAPOLIS THE	3895 S KEYSTONE AVE INDIANAPOLIS, IN 46227

(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
F000000	This visit was for the Investigation of Complaint IN00129198. Complaint IN00129198-Substantiated. Federal/state deficiencies related to the allegations are cited at F328. Survey dates: June 25 & 26, 2013 Facility number: 000537 Provider number: 155409 AIM number: 100267270 Survey team: Diana Zgonc, RN-TC Census bed type: SNF/NF: 61 Total: 61 Census payor type: Medicare: 14 Medicaid: 42 Other: 5 Total: 61 Sample: 3 This deficiency reflects state findings cited in accordance with 410 IAC 16.2.	F000000	**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.**	

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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	Quality review completed on July 01, 2013; by Kimberly Perigo, RN.			

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F000328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. Based on record review, interview, and observation, the facility failed to ensure the nursing staff refilled oxygen tanks according to the oxygen providers policy, failed to ensure the facility had a policy for refilling oxygen tanks, and failed to ensure a resident requiring oxygen had physician's orders for the administration and monitoring of oxygen therapy for 2 of 3 residents reviewed for oxygen therapy in a sample of 3. (Resident #D and #B) Findings include: 1. The record for Resident #D was reviewed on 6/25/13 at 4:05 P.M. Diagnoses for Resident #D included but were not limited to, chronic obstructive pulmonary disease (COPD), dysphagia, congestive heart failure (CHF), diabetes, and	F000328	**1. The use of oxygen for Resident #D has been addressed with her physician and an order has been written for continuous oxygen administration. The portable oxygen tank of Resident #D is refilled by staff members as designated in the policy. 2. Residents currently using oxygen and portable oxygen tanks have been identified. All residents have physician's orders for use of the oxygen. Only those employees designated in the current policy refill portable oxygen tanks. The facility has adopted a policy regarding refilling portable oxygen tanks. The facility has adopted a checklist to determine if an oxygen order is needed upon admission or readmission from the hospital. 3. An educational offering will be provided to all personnel that are responsible for refilling oxygen tanks and monitoring**	07/26/2013

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	dementia. O2 (oxygen) tanks were checked on 6/25/13 at 1:00 P.M. Resident #D's tank was full and working properly at 2 liters pre minute. The record lacked documentation of physician's orders for administration of oxygen therapy or the monitoring of the resident's respiratory status. During an interview with the DON on 6/26/13 at 10:50 A.M., she indicated no orders could be found for the administration or monitoring of oxygen therapy for Resident #D. 2. The record for Resident #B was reviewed on 6/25/13 at 10:15 A.M. Diagnoses for Resident #B included but were not limited to, COPD (chronic obstructive pulmonary disease), chronic ischemic heart disease, hypertension (HTN), cardiomyopathies, schizophrenia, and obsessive compulsive disorder. During an interview with the Director of Nursing (DON) on 6/25/13 at 3:20 P.M., she indicated neither the hospital or the Dr's office reported to us on 6/18/13, the resident's oxygen (O2) tank was malfunctioning or		**the use of oxygen therapy. The educational offering will obtaining orders for oxygen, how to monitor the use of oxygen, and how to properly refill a portable oxygen tank. Educational material will be provided to all personnel that are responsible for refilling oxygen tanks and monitoring the use of oxygen therapy in the job-specific orientation. 4. The Director of Nursing or her designee will monitor the all the physician's orders of residents admitted or readmitted for oxygen orders if the use of oxygen is indicated. The Director of Nursing or her designee will observe the refilling of oxygen tanks for randomly selected employees ten times weekly for one month, then ten times monthly for five months. The results of these observations will be reported the Quality Assurance Committee to determine if monitoring can be discontinued. Monitoring may be discontinued after a 100 percent success rate has been achieved for a one month period. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is: July 26 th , 2013**	

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	empty. The resident reported, when she returned from her appointment, her O2 tank was empty. I (DON) was standing in the hallway when the medical records employee filled 2 tanks for Resident #B, before she left for her appointment. The medical records employee fills tanks for residents who are leaving for appointments and sometimes accompanies the resident also. I (DON) don't have any documentation of training the medical records employee to refill O2 tanks. During an interview with the medical records employee on 6/25/13 at 4:00 P.M., she indicated they trained her how to fill O2 tanks when she started going out on appointments with some of the resident's. Two tanks were sent with Resident # B because she is anxious about her oxygen at times and they were full when they left here. During an interview with the DON on 6/26/13 at 8:30 A.M., she indicated we don't have a policy on refilling O2 tanks but we did get the policy from our oxygen provider. The undated policy titled "Policy And Procedure For Filling Portable Units" provided by the DON at that time indicated: "Trained nursing staff will remove portable tanks from the patient's room			

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	and fill ..." No resident's were observed to be in respiratory distress during the survey. This Federal tag relates to Complaint IN00129198. 3.1-47(a)(6)			