STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155217	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 02/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF HUNTINGBURG THE	1712 LELAND DR HUNTINGBURG, IN 47542

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F000000	This visit was for the Investigation of Complaint IN0065348. Complaint IN00165348 - Substantiated, Federal/State deficiencies related to the allegation is cited at F309. Unrelated deficiency is cited. Survey date: February 12, 2015 Facility number: 000122 Provider number: 155217 AIM number: 100290560 Survey team: Anne Marie Crays, RN-TC Census bed type: SNF/NF: 70 Total: 70 Census payor type: Medicare: 10 Medicaid: 43 Other: 17 Total: 70 Sample: 9 These deficiencies reflect state findings	F000000	Preparation and/or execution of this plan of correctionin general, or this corrective action in particular, does not constitute anadmission of agreement by this facility of the facts alleged or conclusions setforth in this statement of deficiencies. The plan of correction and specific correctiveactions are prepared and/or executed in compliance with State and Federal Laws. **Facilityis requesting paper compliance for all deficiencies in this POC.**	

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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	cited in accordance with 410 IAC 16.2-3.1. Quality review completed on February 16, 2015 by Jodi Meyer, RN			
F000309 SS=D	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.	F000309	F309 D The facility's intent is to ensure all	03/13/2015

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	Based on interview and record review, the facility failed to ensure a resident who sustained a head injury from a fall was sent to the Emergency Room in a timely manner, for 1 of 3 residents reviewed with falls, in a sample of 9. Resident A Findings include: The closed clinical record of Resident A was reviewed on 2/12/15 at 10:45 A.M. Diagnoses included, but were not limited to, dementia and cerebrovascular disease. A Physician's order, initially dated 11/17/14 and on the January 2015 orders, indicated, "Clonidine HCL - 0.1 mg tab Take 1 tablet by mouth every 6 hours as needed for SBP [systolic blood pressure] above 160 or DBP [diastolic blood pressure] above 100 (Dx [Diagnosis] HTN [hypertension]." A quarterly Minimum Data Set (MDS) assessment, dated 11/18/14, indicated the resident scored a 15 out of 15 for cognition, and was independent with ambulation in her room. Nursing Progress Notes included the following notations: 1/4/15 at 4:30 A.M.: "After answering call light I saw resident on knees beside		resdientswho sustains a head injury from a fall is sent to the emergency room in atimely manner. **1.ACTIONSTAKEN:** 1.Resident A no longer resides in the facility **1.OTHERSIDENTIFIED:** 1.An audit was completed on residents thatcurrently reside in the facility. No other residents were affected. **1.MEASURESTAKEN:** 1.The Licensednursing staff were re-educated on thepolicy and procedure for neurological assessments/head injuries 2.Licensed nurses were educated on immediatelynotifying the DON/designee and Administrator of the resident's condition aftercompleting an assessment following a resident fall to determine if additionalactions are indicated. **1.HOWMONITORED:** 1.The DON/designee will review the 24 hournursing report and Risk Management reports 5 x weekly. Review of electronic medical records will bedone 7 days a week following notification of a fall that requires neurologicalassessments. Changes related to apossible head injury will determine if	

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	her bed, she stated she fell backwards, hitting her head on the floor. Noted a hematoma [raised bruise] on her right occipital [back of her head] measuring 8x5x1 cm [centimeters], B/P [blood pressure] 220/130, T [temperature] - 99.1, P [pulse] - 86...Neuro checks started. Pupils equal but sluggish to respond, grasps equal and strong, speech clear, c/o [complaints of] headache. Clonidine 0.1 mg given due to elevated B/P." 1/4/15 at 5:30 A.M.: "[Name of Physician] notified of fall, Elevated B/P, Neuro checks, and Clonidine 0.1 given for B/P. New orders received [sic] for Ice pack to right occipital Hematoma, and to Monitor Neuro check changes." 1/4/15 at 8:40 A.M.: "Son [name] notified of fall and injury, he stated he would be in later today. Resident's B/P continues elevated. Neuro checks continue unchanged." 1/4/15 at 10:30 A.M.: "Resident sitting in chair at bedside. This RN entered room to check VS [vital signs] and neuro staus [sic]. Resident VS BP 270/160 left arm 250/140 right arm...HR [heart rate[113...Rsident [sic] alert to person. Resident speech garbled. Resident able to follow some but not all commands. Call		additional actions are indicated. This practice will be ongoing. 2.The Administrator/ designee will audit Risk Management reports related toneurological assessments/head injuries due to falls 5 X weekly and review thefindings 5 x weekly with Interdisciplinary Team during mornings stand upmeeting. Inconsistencies of care will be immediately clarified or corrected. Thispractice will be ongoing. 3.Resultswill be monitored and reviewed during the monthly Quality Assurance (QA)Committee meeting for further review and recommendations. This practice will beongoing. 1.This plan of correction constitutes ourcredible allegation of compliance with all regulatory requirements. Our date ofcompletion is: 3/13/2015	

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	placed to [name of physician] (on call for name of physician] to report changes." 1/4/15 at 11:45 A.M.: "Another call placed to [name of physician] to report symptoms. Resident BP still 270/140. Resident family at bedside, wanting resident sent to ER for evaluation." 1/4/15 at 12:30 P.M.: "[Name of physician] returned call, symptoms reported, orders received to send resident to ER to eval and treat. Resident and family aware." 1/4/15 at 1:20 P.M.: "EMS [emergency medical service] leaving facility with resident to trasport [sic] to [name of hospital] ER." A hospital Emergency Room record, dated 1/4/15 at 1:38 P.M., included: "History of Present Illness, Location of injuries - head...Fell. Occurred at a nursing home. (Patient fell in the bathroom about 4:30 this morning at the nursing home. She reportedly started having some neuro deficits about 10:30. She arrived in the ER patient was pale. She could tell us her name but was otherwise unable to answer questions. She appeared to have a slight facial droop and some right sided weakness). The patient complains of moderate pain. The			

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	patient sustained a blow to the head...CT [cat scan[Head: Large subdural hematoma present with a medium-sized midline shift...[Name of hospital] contacted for transfer...Clinical Impression, Major head injury with subdural bleed and neuro deficit. Traumatic subdural hemorrhage." On 2/12/15 at 11:20 A.M., during an interview with a family member, he indicated he came to the facility at approximately 9:00 A.M. on 1/4/15. He indicated, "The nurse was not acting concerned. She should have gone to the ER quicker." The family member indicated he "wanted to call the ambulance right away, but the nurse said she needed to get the paperwork done." On 2/12/15 at 3:00 P.M., during an interview with RN # 1, she indicated if a resident had a fall or any incident which required physician notification, the facility could always call the hospital and ask them to page the physician on call. She indicated if she felt a resident needed to be transferred to the hospital, and she was unable to reach a physician, she would still go ahead and send the resident to the ER, and notify the physician at a later time. On 2/12/15 at 4:50 P.M., during an			

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	interview the Director of Nursing [DON], the DON indicated she was aware of the resident falling on 1/4/15, and the inability to reach the physician. She indicated the nurse should have "just sent the resident to the hospital." She indicated staff was inserviced after this incident, regarding symptoms to observe for a head injury, and notification of the physicians in an emergency. She indicated she did not have a facility policy regarding sending a resident to the Emergency Room if needed. This Federal tag relates to Complaint IN00165348. 3.1-37(a)			

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F000353 SS=E	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. Based on interview and record review, the facility failed to ensure there was sufficient staff present to administer	F000353	F353 E The facility's intent is to ensure there issufficient staff present to administer medications in a timely manner, providecare, and answer call lights. **1.ACTIONSTAKEN:**	03/13/2015

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	medications in a timely manner; provide care, including showers and transfers, safely and timely; and answer call lights timely, for 3 of 5 residents interviewed, 1 of 1 family members interviewed, and 4 of 4 staff members interviewed regarding staffing, in a sample of 9. Resident E, Resident G, Resident H, Resident I Findings include: On 2/12/15 at 9:45 A.M., the Administrator provided a list of residents, indicating those who were considered interviewable. Residents E, G, and H were considered interviewable. On 2/12/15 at 10:10 A.M., the Administrator provided CNA assignment sheets. The sheets were divided into 3 separate areas: Unit 1, Unit 2 and the Legacy Unit (rehab to home), and the locked Alzheimer's Unit. The CNA assignment sheets indicated, "All alpine lift, standaids [mechanical lifts] - 2 assist transfers...." The Unit 1 assignment sheets indicated there were 46 residents: 23 residents required a mechanical lift or 2 assist with transfers, 8 residents required 1 assist with transfers, and 1 resident required 1-2 assist. 6 residents needed assist with their meals, and 4 residents needed total		1.The facility provides sufficient nursingstaff to ensure Resident's E, G, H, and I medications are administered perphysician orders and resident care is provided timely and in a safe manner.Resident G's showers were restricted upon admission by her physician untilafter her first physician follow up visit due to a surgical site. Resident didreceive bed baths until after her follow up physician visit and currentlyreceives showers. The restrictions on resident G's showers were explained tothe resident and her family. **1.OTHERSIDENTIFIED:** 1.The facility provides sufficient nursingstaff to ensure current facility residents have their medications administeredaccording to physician orders and resident care is provided in a timely andsafe manner. No others residents were affected. **1.MEASURESTAKEN:** 1.Facility staff has been re-educated onmedication administration per physician order and providing resident care in atimely and safe manner. 2.A review of the current staffing patterns wascompleted and nursing job assignments were rearranged and clarified to ensurefacility staff meets the	

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	assistance. 37 residents were on a toileting schedule. The Unit 2 and Legacy assignment sheets indicated there were 20 residents: 5 residents required a mechanical lift or 2 assist with transfers, and 6 residents required 1 assist with transfers. 17 residents were on a toileting schedule. The locked Alzheimer's Unit indicated there were 14 residents: 8 residents required a mechanical lift or 2 assist with transfers, and 4 required 1 assist for transfers. 3 residents needed assist with their meals, and 1 resident needed to be totally fed. 14 residents were on a toileting schedule. On 2/12/15 at 10:25 A.M., the Administator provided a nursing schedule for the previous 2 weeks. The schedule indicated the staffing was usually as follows: Day shift: 3 nurses and 5 CNAs. Evening shift: 2-3 nurses and 2-3 CNAs. Night shift: 3 nurses and 3 CNAs. On 2/12/15 at 11:00 A.M., the Administrator provided a census paper which indicated 70 residents resided in the facility. On 2/12/15 at 3:45 P.M., during a confidential interview with Resident G,		needs of the residents. **1.HOWMONITORED:** 1.Residents will be randomly interviewed byDepartment heads during department head rounds and staff will be randomlyinterviewed by the Administrator/DON or designee 5 x weekly for 6 months to identifyissues of untimely medication administration and untimely or unsafe residentcare. 2.Timeliness of routine medication administrationswill be audited by the DON/designee 5 x weekly for 6 months to ensuremedications are administered per the physician's orders. 3.The Administrator/designee will reviewdepartment head round sheets and medication administration audits 5 x weekly for6 months during daily standup meeting. Identified areas of concern will becorrected as indicted by the interviews and audits. 4.Any inconsistent results will be immediatelyclarified and corrected appropriately. 5.Results of the audits and interviews will bereviewed during the monthly Quality Assurance (QA) Committee meeting forfurther review and recommendations. This plan of correction constitutes our credibleallegation of compliance with all regulatory	

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	he/she indicated he/she did not receive a shower the first week, "until I complained." Resident G indicated, "Receiving water during the day was a problem, but it's a little better now." Resident G indicated he/she was "unsure if there is enough staff. I might get my medicine at 7:00 P.M., or I might get it at 11:00 P.M." Resident G indicated the call light was answered timely "sometimes, it just depends." Resident G indicated he/she tried to just do as much as possible for himself/herself, so he/she would not have to bother the staff. On 2/12/15 at 4:10 P.M., during a confidential interview with Resident E, he/she indicated call lights "were the main issue." He/She indicated, "It's probably worse at night time." He/She indicated he/she "sometimes had to wait awhile." On 2/12/15 at 5:15 P.M., during a confidential interview with Resident H, he/she indicated, "There just is not enough staff. Call lights will stay on for quite awhile. A person may have to wait 30 minutes." Resident H indicated he/she "might get my medicine at 8, or maybe as late as 10:15 or 11." Resident H indicated he/she felt like the answering of call lights was worse during the early morning hours, when residents were		requirements. Our date ofcompletion is: 3/13/2015	

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	receiving showers. Resident H indicated he/she was transferred with a mechanical lift, "and there are 1 or 2 who know how to do it with just 1 person. I run the controls." On 2/12/15, during a confidential interview with a family member of Resident I, he/she indicated, "There definitely is not enough staff." He/she indicated he/she has observed call lights on for "over 1 hour." He/she indicated the staff were generally very good, but "they can't spend the time with the residents. They are always in a hurry and the care suffers." He/she indicated he/she tried to visit Resident I every day, because he/she is afraid if he/she did not visit, Resident I might not get fed. The family member indicated he/she has visited recently, and Resident I might not be clean, or is put to bed with his/her teeth still in and his/her glasses on. On 2/12/15, the following confidential staff interviews were completed with the following comments: Staff # 1: "Residents are having to wait for care. There just isn't enough staff." Staff # 1 indicated she frequently is unable to get her medications passed in a timely manner, and will be 1/2 hour to 1 hour late "and that is if no one stops me			

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	and needs anything." Staff # 1 indicated although staff are to use 2 people with a mechanical lift, she has transferred residents by herself. Staff # 1 indicated she worked all of the units. Staff # 2: "I can't get my meds and treatments done. The staffing is really bad. People wait an hour for care. We desperately need help, it's so unsafe. No one gets a break." Staff # 2 indicated she worked all of the units. Staff # 3: "I can't get done. Medications aren't being passed timely." She indicated staff was doing the best they could do. Staff # 3 indicated she worked all of the units. Staff # 4 indicated it was difficult to get all of her work completed, depending on which unit she was working. She indicated she worked on the different units. She indicated staff "may get people turned and give showers, but not real good." She indicated no one is getting their lunch breaks. On 2/12/15 at 5:30 P.M., during an interview with the Administrator and the Corporate Consultant, the Corporate Consultant indicated nursing staff were filling in for the CNAs, and that it was difficult to hire CNAs in the area.			

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	3.1-17(a)			