

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155233	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/14/2015
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NAME OF PROVIDER OR SUPPLIER WATERS OF BATESVILLE THE	STREET ADDRESS, CITY, STATE, ZIP CODE 958 E HWY 46 BATESVILLE, IN 47006
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F000000	<p>This visit was for the Recertification and State Licensure Survey.</p> <p>Survey dates: January 6, 7, 8, 9, 12, 13 and 14, 2015</p> <p>Facility number: 000138 Provider number: 155233 AIM: 100266500</p> <p>Survey team: Rita Bittner, RN-TC Julie Dover, RN Tammy Forthofer, RN (1/06, 1/07, 1/08, 1/09, 1/12, and, 1/14 2015)</p> <p>Census bed type: SNF/NF: 59 Total: 59</p> <p>Census payor type: Medicare: 6 Medicaid: 36 Other: 17 Total: 59</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 22, 2015, by Janelyn Kulik, RN.</p>	F000000		

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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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, interview and record review the facility failed to develop a care plan for urinary catheter use for 1 of 3 residents reviewed for urinary catheter use in a sample of 16 residents reviewed for care plans. (Resident #12)</p> <p>Finding includes: On 01/07/2015 at 11:20 AM Resident #</p>	F000279	The preparation and/or execution of this plan of correction does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. This plan of correction is submitted as proof of compliance with state and federal law. We respectfully request a desk review of the plan of correction submitted for the following F tags #279 and #371. All corrections are in place at the	02/03/2015

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	<p>12 was observed to have a urinary catheter.</p> <p>On 1/07/2015 at 10:30 AM, during the staff interview, registered nurse (RN) #6 indicated Resident #12 had a suprapubic catheter.</p> <p>On 1/14/2015 at 11:45 AM, during an interview with the director of nursing (DON), She indicated Resident #12 had a suprapubic catheter related to a history of bladder cancer.</p> <p>On 01/13/2015 at 11:21 AM, the clinical record for Resident #12 was reviewed. Resident #12 had a history of bladder cancer, nine bladder surgeries, and a diagnosis of chronic kidney disease.</p> <p>The admission minimum data set assessment (MDS) dated 12/16/2014, section H for bowel and bladder indicated Resident #12 had a suprapubic catheter.</p> <p>Upon review of Resident #12's care plans there were no care plans documented for urinary catheter.</p> <p>3.1-35(a)</p>		<p>time of the submission of this POC. Please review the attached information as evidence of compliance. This Facility does develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, mental, and psychosocial needs that are identified in the comprehensive assessment. 1. A care plan for the Supra Pubic catheter was put into place 1/14/15, when the issue was identified during the survey process. 2. The care plans were reviewed for all residents with indwelling catheters on 1/14/15. No other issues identified. 3. All residents with indwelling catheters will be reviewed per the IDT (interdisciplinary team) @ least weekly during weekly QA meetings. Any care plan updates necessary will be completed during the meeting. The Director of Nursing and/or Designee will attend the weekly meetings to monitor the weekly review. Any necessary changes will be noted on a CQI "home work" page and initialed per the staff member that completes the task, as well as the Director of Nursing and/or Designee. 4. This process will be completed weekly for 6 months. If no other issues are identified during the 6 month process, the team may discontinue the reviews. If any</p>		

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F000371 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 Based on observation, interview, and record review, the facility failed to store dishes and utensils in a sanitary manner. This had the potential to affect 57 out of 59 residents served from the kitchen.</p> <p>Findings include:</p> <p>1. The initial tour of the kitchen was conducted on 01/06/2015 at 11:20 AM.</p> <p>A. The food prep table with the sink built in it had a shelf underneath it. The shelf was white with a rubber mesh covering it. Several water pitchers were on the shelf. The white shelf was littered</p>	F000371	<p>other issues are identified, the team will continue reviews until no issues are identified for a 90 day period. All results of the monitoring will be presented to the QA committee for review, and to determine if any further monitoring is necessary. The care plans will continue to be monitored and updated during quarterly care plan meetings. 5. 2/3/15</p> <p>This Facility does store, prepare, distribute, and serve food under sanitary conditions. 1. The kitchen areas and dishes noted in the 2567 were cleaned as soon as they were identified during the survey process. A deep cleaning of the entire kitchen was completed 1/14/15. A new Dietary Director was hired and put into place on 1/20/15. 2. No other residents had the potential to be effected after the deep clean completed on 1/14/15. The new Dietary Director also conducted a deep cleaning 1/22/15. 3. The dietician and the new Dietary Director developed a new cleaning schedule with new documents to record cleaning.</p>	02/03/2015

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	<p>with small, dark, black flecks.</p> <p>B. A silver, metal, container on wheels was observed. It contained clean dishes including but not limited to bowls. Inside, on the bottom of the container, it was littered with small black flecks.</p> <p>2. A. An observation and interview was conducted, on 01/13/2015 at 1:14 PM, with the Dietician. The " Daily Work Assignments " cleaning records for the cooks, dietary aides, and dishwashers was reviewed. The records were incomplete, with missing initials indicating tasks had not been completed. A " WEEKLY CLEANING " form was provided by the Dietician. This form was titled, " CLEANING AND SANITATION CHECKLIST - WEEKLY ". When asked, the Dietician could not produce a completed checklist, only the blank form.</p> <p>Observation of the " Bowl Bin " (cart), a silver, metal, enclosed, holding cart for bowls and dessert cups, contained a bowl and two small plates heavily littered with black flecks. The dietician removed the dishes and sat them near the dishwasher. A large crumb was noted in the corner of</p>		<p>The dietician and the Dietary Director held an in-service for all dietary staff to educate on the updated system. This education was complete on 1/27/15. The Dietary Director and/or designee will conduct weekly rounds to verify cleaning is effective. 4. a)The Dietary Director and/or Designee will do weekly cleaning rounds/checks, and review the documentation of the cleaning schedule 5 x's per week x's 6 months. If any further issues remain, the Dietary Director and/or Designee will continue to review 5 x's per week in 90 day increments until all issues are resolved. b)The Dietary Supervisor will review weekly cleaning rounds with the Administrator on a weekly basis for 6 months. If any further issues remain, the Dietary Director will continue to monitor per weekly rounds in 90 day increments until no further issues are found. c)All documentation will be reviewed with the IDT(interdisciplinary team) during monthly QA meetings for @ least 6 months, or until resolved as noted above. 5. 2/3/15</p>				

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	<p>the bin. The dietician reached in, picked it up, and stated it was from a dessert. The bottom of the cart was littered with black flecks and brown crumbs.</p> <p>B. A shelf below a food prep table, that had a built in sink, was white with a clear rubber mesh drying mat on top. The shelf had resident water pitchers, clear gallon jugs, and a coffee cup on it. Small black flecks and light brown stains covered the shelf. The shelf was sticky and the rubber drying mat was stuck to the shelf in places.</p> <p>C. A shelf below the toaster and microwave was covered with the same type of clear rubber drying mat. It contained cutting boards, a large box of aluminum foil, a large box of parchment paper, and large pitchers used for mixing drinks. The shelf was littered with crumbs and a sticky substance on the shelf prevented the drying mat from being freely lifted.</p> <p>An interview was conducted, on 01/14/2015 at 10:40 AM, with Cook #1 and Cook #2. Cook #1 indicated the</p>			

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	<p>carts were to be cleaned, inside and out, once on first shift, and once on second shift. Cook #2 indicated all shelving was to be cleaned twice a day, once on first shift and once on second shift.</p> <p>The " Daily Work Assignments " records for cleaning were reviewed from 01/01/2015 thru 01/12/2015. The records indicated the carts and shelves were to be cleaned/organized once on first shift, and once on second shift. The records indicated the carts were cleaned/organized twice daily on 01/01/2015 thru 01/05/2015, 01/07/2015 thru 01/09/2015, and on 01/12/2015. They indicated the carts were cleaned/organized once on 01/06, 01/10, and 01/11/2015. The records indicated the shelves were cleaned/organized twice daily on 01/01/2015, once daily on 01/02 thru 01/09, and 01/11 thru 01/12/2015. The records indicated the shelves were not cleaned/organized on 01/10/2015.</p> <p>3.1-21(i)(3)</p>			