

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  10/13/2011
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NAME OF PROVIDER OR SUPPLIER  WATERS OF BATESVILLE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 958 E HWY 46 BATESVILLE, IN47006
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F0000	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 9-2-2011.</p> <p>Survey date: October 13, 2011</p> <p>Facility number: 000138 Provider number: 155233 AIM number: 100266500</p> <p>Survey team: Penny Marlatt, RN, TC Jill Ross, RN</p> <p>Census bed type: SNF/NF: 81 Total: 81</p> <p>Census payor type: Medicare: 7 Medicaid: 55</p>	F0000	<p>Preperation 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. We respectfully request a paper review of his tag.</p>	

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.

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

PRINTED: 11/01/2011

FORM APPROVED

OMB NO. 0938-0391

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	<p>Other: 19 Total: 81</p> <p>Sample: 10 Supplemental sample: 2</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 10/20/11 Cathy Emswiller RN</p>				

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F0157 SS=D	<p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on observation, interview and record review, the facility failed to notify the physician and family in a timely manner of skin integrity changes in 1 of 2 residents reviewed for skin integrity in a supplemental sample of 2. (Resident 35)</p> <p>Findings include:</p>	F0157	<p>1. Actions TakenA. In regards to resident # 35, the MD was notified of the skin integrity changes and as treatment was received. This was documented in the resident health record.2. Others IdentifiedA. 100% audit of all resident records for appropriate MD notification was completed. No other issues were</p>	10/28/2011	

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	<p>Resident 35's clinical record was reviewed on 10-13-11 at 4:48 p.m. His diagnoses included, but were not limited to, traumatic brain injury, head injury, aphasia, dysphagia, seizures, and psychosis.</p> <p>In interview with the Director of Nursing (DON) on 10-13-11 at 2:55 p.m., he indicated the facility had become aware of an issue with bed bugs on 10-10-11. He indicated within 24 hours, the hallway in which the bugs were identified had been treated by the extermination company and residents in the affected rooms and the adjoining rooms had been showered and skin inspections conducted. He indicated the skin inspection for Resident 35 did not indicate any problems. He indicated families and physicians had been notified of these events on 10-11-11.</p> <p>In interview with the DON on 10-13-11 at 6:05 p.m., he indicated there was an oversight on 10-11-11 of the paperwork of the skin inspection conducted that date. He indicated the form indicated, "right here he has some red bites on his belly and right shoulder." He indicated the nurse had left a message for the physician to inform him of the situation.</p> <p>Review of a document entitled, "CNA</p>		<p>identified.3. Measures TakenA. An in-service was conducted on 10/25/11 @ 10 a.m. and 2 p.m. for licensed nurses on prompt MD notification of a significant change in status/condition for any/all residents; appropriate and timely assessment; appropriate and timely documentation; and appropriate follow-up as needed.B. Another in-service will be held on 10/28/11 to complete any licensed staff who have not attended an educational in-service. Anyone who has not attended will be removed for the working schedule until in-service training has been completed.4. How MonitoredA. D.O.N./designee to review all resident health records daily and to ensure prompt and timely notification of physician of any change in condition. This will be a daily process until this tag is cleared. D.O.N./designee will continue audit weekly for 6 months to monitor for issues.B/ CEO/Designee will review all audits as completed; monthly with QA team and quarterly with Medical Director in QA meeting.</p>				

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	<p>Bath Checklist," dated 10-11-11 at 3:30 p.m. indicated the CNA identified reddened areas and had a handwritten notation of "Red bites" beside this entry. A diagram of the human body accompanied this documentation which had the affected areas circled. The circled areas were indicated as the abdominal area, the left hand, left hip and right shoulder area. This entry was co-signed by a licensed nurse on 10-11-11 at 6:00 p.m. There was no corresponding notation the physician or family had been notified of the reddened areas.</p> <p>Review of the nursing notes, dated 10-13-11 at 4:30 p.m., indicated the physician and power of attorney were notified of "Red pinpoint areas on the upper quadrant of abd [abdomen] and R [right] scapula." The notes indicated the facility was awaiting a response from the physician.</p> <p>In interview with a confidential community member on 10-13-11, she indicated she was made aware of Resident 35 having "bed bug bites on him" the previous evening in a local restaurant by an acquaintance. She indicated she had inspected him personally since then and she had seen "bites on his hand and on his back." She indicated the family had contacted the facility in regard to this</p>				

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	<p>issue today. She indicated she was aware the family had been notified on Tuesday (10-11-11) that the facility had bed bugs and Resident 35 had been checked and had no skin issues at that time. She indicated she was aware of the family being notified the previous day in regard to him being "just torn up and upset." She indicated she wondered if the resident had been upset and unable to tell them he was itching from the bites. She indicated the facility had given the resident a shot to calm him down.</p> <p>An observation of Resident 35's skin was conducted with the Assistant Director of Nursing on 10-13-11 at 6:20 p.m. One raised red bump, slightly larger than pencil point, was noted on the anterior mid chest area. Two small, slightly larger than pencil point areas were noted on each shoulder blade area, with color just slightly darker than his skin tone. Multiple areas, but less than 10, of flat and pinpoint in size, slightly darker than his skin tone were observed from mid back to the lower back area. These areas had been covered by the abdominal binder the resident wears to secure his gastrostomy tube. No unusual areas were noted on the buttocks. No scratch marks or drainage was noted in any of the areas. There were no reddened areas surrounding the mentioned areas, nor any</p>				

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F9999	swelling was noted.  This deficiency was cited on 9-2-11. The facility failed to implement a systemic plan of correction to prevent recurrence.  3.1-5(a)(2) 3.1-5(a)(3)	F9999	No issues identified in the 2567 related to this tag	10/28/2011	