STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155483	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 02/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF RISING SUN THE	405 RIO VISTA LN RISING SUN, IN 47040

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
F0000	This visit was for the Investigation of Complaint IN00103532. Complaint IN00103532 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323. Survey date: February 7, 2012 Facility number: 000405 Provider number: 155483 AIM number: 100273800 Survey team: Diana Sidell RN Census bed type: SNF/NF: 51 Total: 51 Census payor type: Medicare: 8 Medicaid: 36 Other: 7 Total: 51 Sample: 5 This deficiency reflects state findings cited in accordance with 410 IAC 16.2. Quality review completed 2/10/12 by Jennie Bartelt, RN.	F0000		

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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F0323 SS=D	The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.			
	Based on record review, interview, and observations, the facility failed to provide an environment free of accident hazards in that a cognitively impaired resident was able to acquire a plastic bag while in bed. This affected 1 of 4 residents reviewed for accident hazards in a sample of 5. (Resident A) Findings include: Resident #A's record was reviewed on 2/7/12 at 8:40 a.m. The record indicated Resident #A was admitted with diagnoses that included, but were not limited to, seizure disorder, cognitive disorder with behavior disturbance, pain, tremors, and expressive aphasia (inability to talk). A quarterly minimum data set assessment dated 1/5/12 indicated Resident #A was severely impaired - never/rarely made decisions in cognitive skills for daily decision making, was totally dependent on two or more persons for transfers, did not walk, and used a wheelchair for mobility. A care plan with a start date of 10/26/11, and a last review date of 11/10/11,	F0323	We are requesting Paper Compliance for this tag F 323 S=D. There have been no other allegations/complaints of accident hazards in the last year. 1. Actions Taken: A. In regards to resident A, Staff in servicing/education on accidents/hazards was initiated on 2-7-2012. 2. Residents Identified: A. This could potentially affect all residents. 3. Measures Taken: A. All staff will be in serviced on resident safety and keeping hazards out of reach of cognitively impaired residents including keeping trash cans away from side of bed. This will also include monitoring of resident rooms prior to exit of room. 4. How Monitored: A. Safety/hazard awareness will be added to Departmental Rounds Tool which are done twice daily and as needed. Any immediate hazards will be addressed at that time. B. Nurse/QMA will check rooms for potential hazards before leaving room at least three times a day and as needed. They will document on a checklist. Any immediate hazards will be addressed at that time. C. Housekeeping will check rooms for potential hazards while cleaning rooms and as needed. They will document on a check	02/20/2012

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	indicated: "Problem Onset: No call light d/t (due to) flailing arms and cord becomes entangled with resident. Goal & Target Date: No injury to resident TNR (through next review). Approaches: Will check resident every two hours and prn (as needed), will attempt to anticipate all needs of resident, notify MD and family for problems." A care plan with a start date of 2/22/2005, and a last review date of 11/10/11, indicated: "Problem Onset: Impaired cognition. Goal & Target Date: Will be safe in environment TNR, no injury with any falls TNR. Approaches...Keep floors dry and free of clutter...make wise decisions for resident, low bed with mat, monitor for seizure activity and notify MD & family...ensure all safety mechanisms are in place...." A care plan with a start date of 10/26/2008, and a last review date of 11/10/11, indicated: "Problem/Need: Will flail arm[s] and legs hitting objects, swings legs overside of bed and sits up unaware of safety issues d/t mentality. Goal & Target Date: W/C (wheel chair) will be safe for resident TNR. Approaches: Pad against wall, attempt to keep objects out of residents way...." On 2/7/12, Staff #2 was interviewed		list. Any immediate hazards will be addressed at that time. D. ADM/Designee will review any potential hazard with department Supervisors during Daily Stand Up meeting. E. ADM/Designee will review all audits with Medical Director in the quarterly QA meeting. F. This monitoring will be ongoing. 5. This Plan of Correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is February 20,2012.	

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	during a confidential interview. Staff #2 indicated Resident #A was observed in her room in bed with a plastic bag in her hand. The bag was the type CNAs carried and they placed soiled linens in them. Staff #2 didn't know how the resident had gotten hold of the bag and "no one said they left it where she could reach it." Since [Resident A's] bed is low, Staff #2 thought she reached over and got it somewhere. Staff #2 further indicated the resident was lying on her back with her hands by her sides and she grasped the bag in one hand. Staff #2 said she got rid of the bag and said she didn't report it to the Administrator or Director of Nurses because Resident #A "grabs everything in her reach." During an interview on 2/7/12 at 4:15 p.m., the Administrator and Director of Nursing indicated no one had reported to them that Resident #A ever had a plastic bag in her hand. On 2/7/12 at 4:22 p.m., a plastic bag that is used by the staff for soiled linen was provided by the Administrator. The bag was dark gray and items in the bag could be seen through the plastic. The bag was approximately 22 inches by 22 inches when unfolded. Resident #A was observed on 2/7/12 at			

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	these times: - 4:03 a.m.: In bed, asleep in a low bed, left hand against the front of her body, and her right hand was across her chest. - 5:35 a.m.: CNA #1 was getting the resident dressed to get up in her wheel chair. Resident was restless and flailing her arms and legs. - 12:15 p.m.: Seated in a wheel chair in the assist feed dining room, dressed in sweat pants and sweat shirt, and was flailing her arms and legs, leaning forward in her wheel chair. - 4:00 p.m.: In low bed, her right hand grasping the back of her head, her left hand down at her side. Resting with eyes closed. On 2/7/12 at 4:23 p.m., a policy and procedure dated 7/1/11, from the Resident Care Manual, was provided by the Administrator. The Administrator indicated this was a policy that applied to accident/hazards as follows: "...9. It is the responsibility of all staff to provide a safe environment for the residents. Resident care and treatments shall be monitored by all staff, on an ongoing basis, to assure residents are free from abuse, neglect, or mistreatment. Care will be monitored to assure that there are not repeated failures to follow the resident's care plan and that no resident harm has occurred...."			

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	This federal tag relates to Complaint IN00103532. 3.1-45(a)(1)			