

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/26/2022
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NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE	STREET ADDRESS, CITY, STATE, ZIP COD 1350 N TODD DR SCOTTSBURG, IN 47170
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00386734 and IN00388363.</p> <p>Complaint IN00386734 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00388363 - Substantiated. Federal/State deficiency related to the allegation is cited at F921.</p> <p>Survey dates: September 23 and 26, 2022</p> <p>Facility number: 000478 Provider number: 155494 AIM number: 100290430</p> <p>Census Bed Type: SNF/NF: 69 Total: 69</p> <p>Census Payor Type: Medicare: 3 Medicaid: 40 Other: 26 Total: 69</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 28, 2022.</p>	F 0000	<p>Deficiency ID: F _ 0000 Completion Date: October 13, 2022</p> <p>Plan of Correction Text: Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of 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. Facility's date of alleged compliance is: October 13, 2022. Facility is respectfully requesting paper compliance for all deficiencies in this POC.</p>	
F 0921 SS=D Bldg. 00	<p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>Based on observation, interview and record review, the facility failed to ensure resident rooms (Residents B, C, D and E) were clean and free of dust, debris and cobwebs for 1 of 2 observations for environment.</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 9/23/22 at 11:39 a.m. The diagnosis included, but was not limited to, dementia.</p> <p>On 9/23/22 at 2:43 p.m., the resident's air conditioning unit was observed with dust in the upper left and right corners of the inner grill.</p> <p>During an interview on 9/23/22 at 2:55 p.m., the Executive Director indicated she could smell urine upon entering Resident C and Resident E's bathroom. Resident rooms were cleaned daily and the beds should be moved and staff sweep and mop the area. When rooms were deep cleaned, the chest of drawers and nightstands are moved and the staff clean under them. The airconditioning unit should be cleaned daily when the rooms are cleaned.</p> <p>2. The clinical record for Resident C was reviewed on 9/23/22 at 12:15 p.m. The diagnosis included, but was not limited to, dementia with behavioral disturbance.</p> <p>On 9/23/22 at 2:34 p.m., a clear vinyl glove and visible dust was observed under the resident's bed. Upon entrance to the resident's bathroom, a strong urine odor was present.</p> <p>3. The clinical record for Resident D was reviewed on 9/23/22 at 12:34 p.m. The diagnoses included, but were not limited to, dementia and chronic</p>	F 0921	<p>F-921</p> <p>It is the policy of the facility to provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Residents who reside in the facility have the potential to be affected by this finding.</p> <p>A facility wide audit was completed to ensure proper room and bathroom cleaning was being performed on a regular and scheduled basis. Going forward, the Housekeeping Supervisor/Designee will review the cleanliness of resident rooms and bathrooms.</p> <p>Housekeeping Supervisor/Designee will monitor the cleanliness of rooms/bathroom using a Cleaning Audit Tool 5 days weekly for a period of 4 weeks. The tool will then be used 3 days weekly until 4 consecutive weeks of no negative findings then weekly ongoing for a period of no less than 6 months. If facility is within compliance at the end of 6 months then monitoring can be stopped.</p> <p>At an in-service held by the Administrator on <u>10/7/2022</u> for all housekeeping staff the following was reviewed:</p>	10/13/2022

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	<p>obstructive pulmonary disease.</p> <p>On 9/23/22 at 2:50 p.m., there was a large amount of visible dust and debris observed under the resident's bed and cobwebs under the nightstand and dresser.</p> <p>4. The clinical record for Resident E was reviewed on 9/23/22 at 12:45 p.m. The diagnoses included, but were not limited to, dementia and chronic obstructive pulmonary disease.</p> <p>On 9/23/22 at 2:31 p.m., there was visible dust, debris and cobwebs observed under the resident's nightstand. There was a strong odor of urine observed upon entrance to the resident's bathroom.</p> <p>On 9/26/22 at 10:30 a.m., the Executive Director provided a current copy of the undated document titled "General Cleaning Policies and Procedures" and indicated was the policy for daily room cleaning. It included, but was not limited to, "Purpose...To provide a clean, attractive and safe environment for residents...Procedure...Dresser...pull dresser completely away from the wall to mop the floor where the dresser was setting...wipe down the dresser...Bed...Pull the bed at least 2 feet from wall...remove built-up dirt...Dust Mop the Resident Room...Move the furniture and replace after dust mopping...Dust under and behind the bed</p> <p>This Federal tag relates to Complaint IN00388363</p> <p>3.1-19(f)</p>		<ol style="list-style-type: none"> 1. Policy and Procedure Deep Cleaning Resident Rooms 2. Deep clean checklist 3. Policy on daily cleaning routine including rooms and bathrooms 4. Room readiness 5. Environmental manual <p>Any staff who fail to comply with the points of the in-service will be further educated and or progressively disciplined as indicated.</p> <p>At the monthly QAPI meeting, the monitoring of the Housekeeping Supervisor/Designee be reviewed. Any concerns will have been corrected as found. Any patterns will be identified. If necessary, an Action Plan will be written by the committee. Any written Action Plan will be monitored by the Administrator weekly until resolution.</p>	