

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  03/28/2012
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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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F0000	<p>This visit was for the Investigation of Complaint IN00104566.</p> <p>Complaint IN00104566 -- Substantiated. Federal/State deficiency related to the allegations is cited at F164.</p> <p>Survey dates: March 27 and 28, 2012</p> <p>Facility number: 000138 Provider number: 155233 AIM number: 100266500</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF/NF: 85 Total: 85</p> <p>Census payor type: Medicare: 9 Medicaid: 50 Other: 26 Total: 85</p> <p>Sample: 3 Supplemental Sample: 2</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 3/29/12</p>	F0000		

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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	Cathy Emswiller RN			

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F0164 SS=D	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>Based on observation, interview and record review, the facility failed to provide personal privacy for residents during 2 of 3 observations of assisted transfers in 2 of 2 residents in the supplemental sample of 2. (Residents #D and #E)</p> <p>Findings include:</p>	F0164	PREPARATION 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	04/02/2012			

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	<p>1. Resident #D was observed on 3-27-12 at 12:58 p.m. being transferred from his recliner to his wheelchair and back again by CNA #1 and CNA #2. Prior to and during the assisted transfer, the privacy curtain and door to the hallway were observed to remain open. The Director of Nursing (DON) and the Assistant Director of Nursing were present during this time.</p> <p>2. Resident #E was observed on 3-27-12 at 1:10 p.m. being transferred from her wheelchair to a chair and back again by CNA #3. Prior to and during the assisted transfer, the privacy curtain and door to the hallway were observed to remain open. The Director of Nursing and the Assistant Director of Nursing were present during this time.</p> <p>In interview with the DON on 3-27-12 at 3:45 p.m., he indicated during the assisted transfer observation with Resident #E, he realized the door to the hallway was open. He indicated he hoped that it was not necessary to have the door closed during a transfer when the resident was dressed.</p> <p>On 3-27-12 at 3:15 p.m., the DON provided a copy of a procedure he identified as the check off list used with staff in regard to different types of assisted transfers. On the same date at</p>		<p>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 F-164. F-164 PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS It is the intent of the facility to provide personal privacy for all residents during assisted transfers. 1. Actions Taken: a. In regards to Resident D: CNA's #1 and #2 were given 1 on 1 in-servicing in providing privacy for all residents during assisted transfers and all personal care. b. In regards to Resident E: CNA #3 was in-serviced 1 on 1 in regards to providing privacy for all residents during transfers and all personal care. c. The D.O.N. and A.D.O.N. were in-serviced by the Nursing Consultant in regards to providing privacy for all residents during transfers and all personal care. 2. Residents Identified: a. All residents would have the potential to be affected by this deficient practice. 3. Measures Taken: a. All Nursing Staff were in-serviced/educated in regards to facility policy for providing privacy during transfers and during all personal care. No nursing employee will placed on the schedule until this in-servicing has been completed. 4. How Monitored: a. The IDT/QA Team</p>				

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	<p>3:45 p.m., he indicated this particular procedure is from the Indiana State Department, Long Term Care Nurse Aide Training Program (July 1998) manual.</p> <p>In the facility-provided procedure for "Procedure 12: Assist to Chair," and for "Procedure 13: Transfer to Wheelchair and Transport," each procedure indicated the first step was, "Do Initial Steps." The facility's procedure provided did not include specification of the "Initial Steps." The Indiana State Department, Long Term Care Nurse Aide Training Program (July 1998) manual, it indicated the "Initial Steps" included, "...Close curtains, drapes, and doors..."</p> <p>This Federal tag relates to Complaint IN00104566.</p> <p>3.1-3(p)(4)</p>		<p>will monitor daily to ensure privacy is provided for all residents during routine personal care and transfers. This will be monitored during QA Rounds 2 times daily, any discrepancies will be corrected immediately. This will be an on-going process and will be included on the QA Rounds Tool. b. The Administrator/Designee will review/audit all Rounds Tools daily in the QA Daily Stand-up Meeting for compliance. c. The Administrator/Designee will review a summary of these audits in the Monthly QA meeting and quarterly in the QA meeting with the Medical Director. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is April 2, 2012.</p>	