

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  06/17/2013
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NAME OF PROVIDER OR SUPPLIER  WATERS OF RISING SUN THE	STREET ADDRESS, CITY, STATE, ZIP CODE 405 RIO VISTA LN RISING SUN, IN 47040
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F000000	<p>This visit was for the Investigation of Complaint IN00130887.</p> <p>Complaint IN00130887 - Substantiated - Federal/state deficiencies related to the allegations are cited at F225 and F226.</p> <p>Survey date: June 17, 2013</p> <p>Facility number: 000405 Provider number: 155483 Aim number: 100273800</p> <p>Survey team: Diana Sidell RN</p> <p>Census bed type: SNF/NF: 48 Total: 48</p> <p>Census payor type: Medicare: 7 Medicaid: 33 Other: 8 Total: 48</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000		
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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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	Quality Review 6/24/13 by Suzanne Williams, RN				

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F000225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and</p>	F000225	We are respectfully requesting a	07/02/2013			

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	<p>interview, the facility failed to immediately report an allegation of abuse to the State Agency and failed to report an allegation to the Ombudsman. This affected 2 of 3 residents reviewed for abuse allegations in a sample of 3. (Residents #A and B)</p> <p>Findings include:</p> <p>1. Resident #A's record was reviewed on 6/17/13 at 11:00 a.m. The record indicated Resident #A was admitted with diagnoses that included, but were not limited to, decreased bowel motility, high blood fats, iron deficiency anemia, gastro esophageal reflux disease, heart disease, urinary tract infection, high blood pressure, type 2 diabetes, and history of weakness with falls.</p> <p>A facility reported incident, dated as reported on 6/13/13 at 1:15 p.m., indicated an allegation of sexual abuse toward Resident #A had occurred on 6/11/13 at 11:45 a.m. The allegation was investigated, the resident monitored, and the incident was reported to the family and the physician. The date the incident was initially reported to the state agency was 6/13/13 at 1:15 p.m., which was 2 days after the incident occurred.</p>		<p>paper review due to the scope of deficiency of D, no actual harm with potential for more than minimal harm that is not immediate jeopardy. It is the intent of this facility to report any allegation of abuse to the state agency and to the ombudsman immediately. A: Action Taken: In regards to resident A and resident B, they were immediately assessed for safety and monitored for signs of distress. B: Others Identified: 100% audit on all alert and oriented residents to identify any other allegations of abuse. C: Measure Taken: 1- All staff inserviced on abuse and when to report abuse 2- Care plans updated 3- APS and ombudsman notified 4- MD notified 5- Resident A- police notified 6- Followed by social service to make sure there are no negative outcomes D: How Monitored: 1- Staff will be inserviced on abuse, i.e. when to report, signs and symptoms of abuse and what to do if they see abuse, 1 X week X 4 weeks then quarterly and PRN 2- CEO/Designee will review during monthly quality assurance meetings with department heads and during quarterly quality assurance meetings with medical director. E: This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is July 2, 2013.</p>		

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	<p>During an interview on 6/17/13 at 12:12 p.m., the Ombudsman indicated she had not received any reports of incidents from this facility at this time.</p> <p>During an interview on 6/17/13 at 4:30 p.m., the Administrator indicated this incident was reported to the ISDH on 6/13/13 at 8:40 a.m.</p> <p>2. Resident #B's record was reviewed on 6/17/13 at 2:50 p.m. The record indicated Resident #B was admitted with diagnoses that included, but were not limited to, chronic obstructive pulmonary disease, heart disease, high blood pressure, depression, high blood fats, and anxiety.</p> <p>A facility reported incident, dated as reported on 6/13/13 at 4:56 p.m., indicated an allegation from Resident #B that a staff member was "following" her, and was always around, listening, and made her feel uncomfortable. The investigation was dated 6/13/13 at 12:03 p.m. This allegation was appropriately investigated according to the facility's policy, and reported to the ISDH on 6/13/13 at 4:56 p.m. which was almost 5 hours after the resident</p>			

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	<p>made the first report.</p> <p>During an interview on 6/17/13 at 12:12 p.m., the Ombudsman indicated she had not received any reports of incidents from this facility at this time.</p> <p>During an interview on 6/17/13 at 4:30 p.m., the Administrator indicated this incident was reported to the ISDH on 6/13/13 at 4:56 p.m. The Administrator indicated she reported this to the Ombudsman this morning between 10:00 and 11:00 a.m.</p> <p>A policy and procedure for "Abuse Prohibition", with an issue date of 11/1/10, was provided by the Administrator on 6/17/13 at 3:15 p.m. The policy indicated, but was not limited to: "Guideline: It is the intent of this facility to maintain an environment free of abuse and neglect. ...10. Suspected or substantiated cases of resident abuse, neglect, misappropriation of property, or mistreatment shall be thoroughly investigated and documented by the Administrator, and reported to the appropriate state agencies, physician, families, and/or representative as required by state guidelines...."</p>				

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	This federal tag relates to complaint IN00130887.  3.1-28(c)				

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F000226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility failed to implement their policy for abuse in that 2 allegations of abuse were not reported timely to the State Agency and to the Ombudsman. This affected 2 of 3 residents reviewed for abuse allegations in a sample of 3. (Residents #A and B)</p> <p>Findings include:</p> <p>1. Resident #A's record was reviewed on 6/17/13 at 11:00 a.m. The record indicated Resident #A was admitted with diagnoses that included, but were not limited to, decreased bowel motility, high blood fats, iron deficiency anemia, gastro esophageal reflux disease, heart disease, urinary tract infection, high blood pressure, type 2 diabetes, and history of weakness with falls.</p> <p>A facility reported incident, dated as reported on 6/13/13 at 1:15 p.m., indicated an allegation of sexual abuse toward Resident #A had</p>	F000226	<p>We are respectfully requesting a paper review due to the scope of deficiency of D, no actual harm with potential for more than minimal harm that is not immediate jeopardy. It is the intent of this facility to report any allegation of abuse to the state agency and to the ombudsman immediately.A: Action Taken: In regards to resident A and resident B, they were immediately assessed for safety and monitored for signs of distress.B: Others Identified: 100% audit on all alert and oriented residents to identify any other allegations of abuse.C: Measure Taken: 1- All staff inserviced on abuse and when to report abuse 2- Care plans updated 3_ APS and ombudsman notified 4- MD notified 5- Resident A police notified 6- Followed by social service to make sure there are no negative outcomesD: How Monitored: 1- Staff will be inserviced on abuse, i.e. when to report, signs and symptoms of abuse and what to do if they see abuse, 1 X week X 4 weeks then quarterly and PRN. 2- CEO/Designee will review during monthly quality assurance</p>	07/02/2013

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	<p>occurred on 6/11/13 at 11:45 a.m. The allegation was investigated, the resident monitored, and the incident was reported to the family and the physician. The date the incident was initially reported to the state agency was 6/13/13 at 1:15 p.m., which was 2 days after the incident occurred.</p> <p>During an interview on 6/17/13 at 12:12 p.m., the Ombudsman indicated she had not received any reports of incidents from this facility at this time.</p> <p>During an interview on 6/17/13 at 4:30 p.m., the Administrator indicated this incident was reported to the ISDH on 6/13/13 at 8:40 a.m.</p> <p>2. Resident #B's record was reviewed on 6/17/13 at 2:50 p.m. The record indicated Resident #B was admitted with diagnoses that included, but were not limited to, chronic obstructive pulmonary disease, heart disease, high blood pressure, depression, high blood fats, and anxiety.</p> <p>A facility reported incident, dated as reported on 6/13/13 at 4:56 p.m., indicated an allegation from Resident #B that a staff member was "following" her, and was always</p>		meetings with department heads and during quarterly quality assurance meetings with medical director.E: This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is July 2, 2013.		

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	<p>around, listening, and made her feel uncomfortable. The investigation was dated 6/13/13 at 12:03 p.m. This allegation was appropriately investigated according to the facility's policy, and reported to the ISDH on 6/13/13 at 4:56 p.m. which was almost 5 hours after the resident made the first report.</p> <p>During an interview on 6/17/13 at 12:12 p.m., the Ombudsman indicated she had not received any reports of incidents from this facility at this time.</p> <p>During an interview on 6/17/13 at 4:30 p.m., the Administrator indicated this incident was reported to the ISDH on 6/13/13 at 4:56 p.m.</p> <p>A policy and procedure for "Abuse Prohibition", with an issue date of 11/1/10, was provided by the Administrator on 6/17/13 at 3:15 p.m. The policy indicated, but was not limited to: "Guideline: It is the intent of this facility to maintain an environment free of abuse and neglect. ...10. Suspected or substantiated cases of resident abuse, neglect, misappropriation of property, or mistreatment shall be thoroughly investigated and documented by the Administrator,</p>				

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	<p>and reported to the appropriate state agencies, physician, families, and/or representative as required by state guidelines...."</p> <p>This federal tag relates to complaint IN00130887.</p> <p>3.1-28(a)</p>				