

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155409	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/23/2013
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NAME OF PROVIDER OR SUPPLIER  WATERS OF INDIANAPOLIS THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3895 S KEYSTONE AVE INDIANAPOLIS, IN 46227
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F0000	<p>This visit was for the Investigation of Complaint IN00121614.</p> <p>Complaint IN00121614 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: January 22 &amp; 23, 2013</p> <p>Facility number: 000537 Provider number: 155409 AIM number: 100267270</p> <p>Survey team: Diana Zgonc, RN - TC</p> <p>Census bed type SNF/NF: 54 Total: 54</p> <p>Census payor type Medicare: 11 Medicaid: 39 Other: 4 Total: 54</p>	F0000	<p><b>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 deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. The Waters of Indianapolis request that this plan of correction be accepted and reviewed for paper compliance.</b></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.

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	<p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on January 28, 2013; by Kimberly Perigo, RN.</p>			

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F0323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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.</p> <p>Based on record review and interview the facility failed to ensure a CNA followed the plan of care for activities of daily living (ADL) care which resulted in the resident falling out of bed for 1 of 3 residents reviewed for falls (Resident B &amp; CNA #1).</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 1/22/13 at 11:10 A.M.</p> <p>Diagnoses for Resident B included but were not limited to encephalopathy, osteoarthritis, neuropathy, anxiety, depression, diabetes, and muscle spasms.</p> <p>A current care plan for transfers originally dated 11/2/12, indicated Resident B was a 2 person assist with transfers. The current CNA</p>	F0323	<p><b>F323 I. The immediate living area of Resident B has been inspected and made free of environmental accident hazards as is possible (beds being locked, etc.). II. All residents have the potential to be affected. The immediate living environments of all residents were immediately inspected the day of the occurrence and made as free of accident hazard as is possible (beds being locked, etc.). III. Staff members were educated on the importance of making the residents environment safe on the day of the occurrence and this topic was again discussed in an all staff meeting on January 3, 2013. An educational offering regarding resident safety will be provided to all staff members on February 12, 2013 and will include location of CNA assignment sheets and the importance of following the residents plan of care. CNA assignment sheets will be updated during the interdisciplinary team meeting and made available</b></p>	02/22/2013			

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	<p>assignment sheet indicated the resident was a total assist with 2 persons assisting the resident.</p> <p>The current Quarterly MDS (Minimum Data Set) assessment dated 11/17/12, indicated Resident B's cognitive status was intact (BIMS 15, brief interview for mental status). Resident B's functional status for her ADL care for bed mobility was extensive assist with a 2 person physical assist for transfers. For dressing and personal hygiene the resident was totally dependent with 2 person physical assist.</p> <p>An "Incident Documentation and Investigation Tool" dated 12/23/12, indicated the resident had fallen from the bed to the floor face down. The resident was unable to respond because she was "upset hysterically" and CNA #1 was in the room at that time.</p> <p>A nurses note dated 12/23/12 at 16:37 (4:37 P.M.), indicated the resident was sent to the hospital (negative for head injury) because</p>		<p><b>for nursing staff. New staff members will receive education on resident safety and following a residents plan of care during the orientation process. Department managers and licensed nursing staff monitor resident rooms daily for environmental hazards. Nursing Supervisors monitor care provided by CNA throughout their shift. IV. The Administrator or her designee will monitor the potential for accident hazards in the immediate living areas of five randomly selected residents, five times weekly for one month, then once weekly for two months, and then monthly for three months. The results of these observations will be reported to the Quality Assurance Committee to determine if monitoring can be discontinued. Monitoring may be discontinued after a 100 percent success rate has been achieved for a one month period. The Director of Nursing or her designee will monitor for adherence to the plan of care for two randomly selected residents one time each day five days per week for six months. The results of these observations will be reported to the Quality Assurance Committee to</b></p>		

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	<p>she fell out of the bed face down on the floor next to the wall at 2:30 P.M.</p> <p>The resident cried for 5 minutes before she was able to tell staff what happened and where she hurt.</p> <p>During an interview with Resident B on 1/22/13 at 2:25 P.M., she indicated CNA #1 came into my room to give me a bath and change me on 12/23/12, by herself. She rolled me to the left side and I rolled into the wall and then the bed moved. The wheels were not locked and I fell between the bed and the wall onto the floor. "It scared me."</p> <p>During an interview with the Director of Nursing on 1/22/13 at 4:05 P.M., she indicated everyone was inserviced after the resident fell out of bed, on the bed wheels and how to lock them.</p> <p>During an interview with CNA #1 on 1/23/13 at 9:00 A.M., she indicated the resident needed hygiene assistance and no one was available at the time. "I didn't want to leave the resident for the next shift so I just did</p>		<p><b>determine if monitoring can be discontinued. Monitoring may be discontinued after a 100 percent success rate has been acheived for a one month period. V. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is February 22, 2013</b></p>				

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	<p>it myself. I checked the wheels and I thought they were locked. When I rolled her over, the bed moved away from the wall and she fell on the floor. My CNA assignment sheet says she's a 2 person assist and I should have waited for help."</p> <p>This Federal tag relates to Complaint IN00121614.</p> <p>3.1-45(a)(2)</p>			