

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/10/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155627		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/05/2023	
NAME OF PROVIDER OR SUPPLIER  WATERS OF WABASH SKILLED NURSING FACILITY WEST				STREET ADDRESS, CITY, STATE, ZIP COD 1720 ALBER ST WABASH, IN 46992			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00405235 and IN00399395.</p> <p>Complaint IN00405235 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00399395 - Federal/State deficiencies related to the allegations are cited at F607.</p> <p>Survey dates: April 4 and 5, 2023</p> <p>Facility number: 000578 Provider number: 155627 AIM number: 100267810</p> <p>Census Bed Type: SNF/NF: 22 Total: 22</p> <p>Census Payor Type: Medicare: 2 Medicaid: 12 Other: 8 Total: 22</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed April 10, 2023.</p>			F 0000			
F 0607 SS=D Bldg. 00	<p>483.12(b)(1)-(5)(ii)(iii) Develop/Implement Abuse/Neglect Policies §483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse,</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Anna Foster

HFA

04/28/2023

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 disclosable 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>neglect, and exploitation of residents and misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95,</p> <p>§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>Based on interview and record review, the facility failed to ensure staff (Employee 1, Employee 2 and Employee 3) reported suspicions of resident mistreatment (Resident F) to the Administrator, when a staff member (CNA 4) reportedly used inappropriate language and refused to meet the needs of a resident for 1 of 3 residents reviewed for abuse.</p> <p>Findings include:</p> <p>During an interview on 4/4/2023 at 12:21 p.m., Employee 1 indicated they had been told about</p>			F 0607	Preparation and/or execution of this plan of correction in general, or this corrective action 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 April 28,		04/28/2023

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	<p>CNA 4 using inappropriate language with Resident F. The employee did not report what they heard to the Administrator (or designee).</p> <p>During an interview on 4/4/2023 at 12:46 p.m., Employee 2 indicated the facility had recently had an inservice on abuse and abuse reporting. The employee had heard CNA 4 had used inappropriate language with Resident F. The employee was told CNA 4 had said "I am not going to change your brief every g _ _ d _ _ _ 15 minutes." Employee 2 did not report this to the Administrator (or designee).</p> <p>During an interview on 4/4/2023 at 2:37 p.m., Employee 3 indicated they had been told CNA 4 made inappropriate remarks to Resident F. It was reported to the employee CNA 4 stated they would not come to her room every 25 minutes to put the resident on the bed pan. The employee did not report this to the Administrator.</p> <p>During an interview on 4/5/2023 at 9:25 a.m., the Administrator indicated staff should report all suspicion of abuse or mistreatment immediately to him. The facility had provided several inservices on abuse and reporting.</p> <p>During an interview on 4/5/2023 at 10:38 a.m., CNA 4 denied allegations of abuse or mistreatment of Resident F.</p> <p>A current, undated, facility policy titled "Abuse Prevention Program" was provided by the Administrator on 4/4/2023 at 9:27 a.m. The policy indicated the following: "... IV. Identification...Employees are required to report any incident, allegation or suspicion of potential abuse, neglect or mistreatment they observe, hear about or suspect to the</p>				<p>2023. Facility is respectfully requesting paper compliance for all deficiencies in this POC. F607 Develop, implement Abuse/neglect policies: It is the policy of The Waters of Wabash West Employees are required to report any incident, allegation, or suspicion of potential abuse, neglect or mistreatment they observe, hear about or suspect to the Administrator or an immediate supervisor who will immediately report the allegations to the Administrator. (Attachment A) Resident F interviewed 4/4/2023 and did not recall any concerns related to care regarding staff members. Resident F reported feeling safe and secure in facility. All alert and oriented residents interviewed. No further concerns of abuse/neglect identified. Staff interviews conducted with no further findings. Skin and pain assessments completed for residents identified as non interviewable with no further findings on 4/4/23 by nursing staff. Employee 1, 2, and 3 were individually interviewed and inserviced on Abuse Prevention Program. All staff inserviced on Abuse Prevention Program on 4/4/23 (Attachment B) and 4/28/23 Director of Nursing and/or designee. Employee 4 was interviewed, inserviced on Abuse Prevention Program and returned to work on 4/7/23.</p>		

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	<p>Administrator or an immediate supervisor who will immediately report the allegation to the Administrator...."</p> <p>This Federal Tag relates to Complaint IN00399395.</p> <p>3.1-28(c)</p>				<p>QAPI Action plan in place (Attachemnt C). Five staff members will be interviewed (Attachment D) weekly regarding Abuse Prevention Program and five residents (Attachment E) will be interviewed weekly for four weeks, then monthly thereafter for no less than six months. If the facility is within 100% compliance at the end of six months, monitoring will be stopped. Any issues identified will be addressed immediately. The concern will be followed, reviewed, and revised as needed in monthly QAPI meeting to ensure ongoing compliance. Facility's date of alleged compliance is April 28, 2023.</p>		