

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

PRINTED: 10/11/2023  
FORM APPROVED  
OMB NO. 0938-039

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 09/26/2023	
NAME OF PROVIDER OR SUPPLIER  WATERS OF RISING SUN, THE				STREET ADDRESS, CITY, STATE, ZIP COD 405 RIO VISTA LN RISING SUN, IN 47040			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00417622.</p> <p>Complaint IN00417622 - Federal/State deficiency related to the allegations is cited at F755.</p> <p>Survey date: September 26, 2023</p> <p>Facility number: 000405 Provider number: 155483 AIM number: 100273800</p> <p>Census Bed Type: SNF/NF: 49 Total: 49</p> <p>Census Payor Type: Medicare: 9 Medicaid: 32 Other: 8 Total: 49</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on September 30, 2023.</p>			F 0000			
F 0755 SS=D Bldg. 00	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the</p>						

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

TITLE

(X6) DATE

Britain O'Banion

Administrator

10/10/2023

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>general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on observation, record review, and interview, the facility failed to administer medication appropriately and per the physician's order for 1 of 3 residents reviewed for pharmacy services. (Resident D)</p> <p>Findings include:</p> <p>The resident medication administration was observed on 09/26/23 at 11:44 A.M., with RN 2. Resident D was sitting in the hallway in a wheelchair. RN 2 prepared the resident's medications at the medication cart that was sitting in the hallway near the nurse's station. The RN</p>			F 0755	<p>It is the practice of this facility to provide medications appropriately and per physician orders in a private setting.</p> <p>Doctor and family were notified of EMAR errors from 9/9, 9/10, and 9/11.</p> <p>The DON and/or designee completed a 100% audit on all resident EMAR with a 30 day look back period to review any EMAR errors. MD and families aware of</p>		10/10/2023

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	<p>pulled the resident close to the medication cart and administered her medications through her G (Gastrostomy)-tube. Two visitors passed by during the administration process. The nurse indicated sometimes she administered the resident's medications in the hallway and sometimes she did it in the resident's room.</p> <p>The clinical record for Resident D was reviewed on 09/26/23 at 1:00 P.M. A Quarterly MDS (Minimum Data Set) assessment, dated 06/19/23, indicated the resident was rarely/never understood. The diagnoses included, but were not limited to, Cerebral Palsy, seizure disorder, malnutrition, and depression.</p> <p>The EMAR (Electronic Medication Administration Record) for September 2023 was provided by the MDS Coordinator on 09/26/23 at 1:15 P.M. The EMAR indicated the resident had not received the following prescribed medications and supplements on the following dates and times based on blanks in the record:</p> <p>On September 9, 2023:</p> <ul style="list-style-type: none"> <li>- "2 Cal" supplement 240 cc (cubic centimeters) three times a day to meet nutritional needs, thicken to honey thick liquid, with a start date of 04/24/23, at 1:00 P.M., and at 5:00 P.M.</li> <li>- Dicyclomine tablet 20 mg (milligrams), one tablet three times a day via G-tube for bowel spasms, with a start date of 12/22/22, at 12:00 P.M.</li> <li>- Gabapentin 600 mg, one tablet three times a day via G-tube for anticonvulsant, with a start date of 12/22/22, at 12:00 P.M.</li> <li>- Glycopyrrrolate 1 mg, give one tablet three times a day via G-tube for constant drooling, with a start date of 12/22/22, at 12:00 P.M.</li> <li>- Power Pudding three times a day with meals to maintain weight, with a start date of 04/23/23, at</li> </ul>				<p>any errors.</p> <p>All residents have a potential to be affected.</p> <p>DON in-serviced all nurses/QMA's on medication administration guidelines, medications to be administered in private area, and MD and family notification on 10/9/2023.</p> <p>Additionally, any nurse who fails to comply with the points of the in-service may be further educated and/or progressively disciplined as indicated.</p> <p>The DON and/or designee will initiate audits for EMAR errors and progress notes for MD/family notification and medication administration in private setting per policy as follows; 10 random residents per week x 4 weeks, then 5 random residents per week x 4 weeks, then 3 random residents per week x 4 weeks, then 2 random residents per week monthly x 3 months. If the facility is within 95% compliance at the end of the 6 months, then monitoring can be discontinued.</p> <p>At monthly QAPI meeting, monitoring and audits will be reviewed, and any concerns will be addressed as they are identified. If necessary, an action plan will be written by the committee. The</p>		

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	<p>12:00 P.M. and 5:00 P.M.</p> <p>- Pyridostigmine Bromide tablet 60 mg, give one tablet four times a day via G-tube for underactive bladder with a start date of 12/22/22, at 12:00 P.M.</p> <p>- Enteral feeding: flush tube with 240 ml (milliliters) of water every four hours for fluid needs for tube feeding, with a start date of 05/11/23, at 12:00 P.M., and at 4:00 P.M.</p> <p>On September 10, 2023:</p> <p>- "2 Cal" supplement 240 cc three times a day to meet nutritional needs, thicken to honey thick liquid, with a start date of 04/24/23, at 1:00 P.M., and at 5:00 P.M.</p> <p>- Dicyclomine tablet 20 mg one tablet three times a day via G-tube for bowel spasms, with a start date of 12/22/22, at 12:00 P.M.</p> <p>- Gabapentin 600 mg, one tablet three times a day via G-tube for anticonvulsant, with a start date of 12/22/22, at 12:00 P.M.</p> <p>- Glycopyrrolate 1 mg, give one tablet three times a day via G-tube for constant drooling, with a start date of 12/22/22, at 12:00 P.M.</p> <p>- Power Pudding three times a day with meals to maintain weight, with a start date of 04/23/23, at 12:00 P.M. and 5:00 P.M.</p> <p>- Pyridostigmine Bromide tablet 60 mg, give one tablet four times a day via G-tube for underactive bladder with a start date of 12/22/22, at 12:00 P.M.</p> <p>- Enteral feeding: flush tube with 240 ml of water every four hours for fluid needs for tube feeding, with a start date of 05/11/23, at 12:00 P.M., and at 4:00 P.M.</p> <p>On September 11, 2023:</p> <p>- Divalproex Sodium capsule delayed release 125 mg, give two capsules one time a day for seizure disorder, with a start date of 07/19/23, at 8:00 A.M.</p> <p>- Zinc 220 mg one time a day for COVID-19, with a</p>				Administrator and/or designee will monitor the action plan at a minimum of 6 months and/or until resolution is obtained.		

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	<p>start date of 09/02/23, at 8:00 A.M.</p> <p>- "2 Cal" supplement 240 cc three times a day to meet nutritional needs, thicken to honey thick liquid, with a start date of 04/24/23, at 8:00 A.M.</p> <p>- Power Pudding three times a day with meals to maintain weight, with a start date of 04/23/23, at 8:00 A.M.</p> <p>- Enteral feeding: flush tube with 240 ml of water every four hours for fluid needs for tube feeding, with a start date of 05/11/23, at 8:00 A.M.</p> <p>The EMAR lacked documentation that the medications were refused, unavailable, or that the MD had been notified.</p> <p>The Progress Notes for September 2023 were provided by the MDS Coordinator on 09/26/23 at 1:15 P.M. The record lacked documentation the resident had been out of the facility, unavailable, or refused medications or supplements.</p> <p>During an interview on 09/26/23 at 12:43 P.M., RN 2 indicated when staff administered medications they documented on the EMAR. If there were blanks on the EMAR it meant the medication was not given. If the medication was not given staff should report to the MD and family that the resident had refused. Staff would document on the EMAR if a medication was refused.</p> <p>During an interview on 09/26/23 at 1:13 P.M., the MDS Coordinator indicated there should not be blanks on the EMAR.</p> <p>During an interview on 09/26/23 at 2:39 P.M., the DON (Director of Nursing) indicated Resident D had not been sent out of the facility nor had any seizures this month.</p> <p>The current undated "MEDICATION</p>						

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	<p>ADMINISTRATION GUIDELINES" policy was provided by the MDS Coordinator on 09/26/23 at 1:20 P.M. The policy indicated, " ...Administer medications...according to times of administration determined by the facility policy and/or the physician/prescriber...sign MAR immediately after administering the medications...Document necessary medication administration information...Document...refused, withheld medications per facility policy...Make sure that meds are administered in private environment when necessary..."</p> <p>This Federal tag relates to complaint IN00417622.</p> <p>3.1-25(a)</p>						