| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | X2) MULTIPLE CONSTRUCTION | X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155573 | A. BUILDING 00<br>B. WING | 10/12/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
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| WATERS OF MIDDLETOWN SKILLED NURSING FACILITY, THE | 981 BEECHWOOD AVE<br>MIDDLETOWN, IN 47356 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIE (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 |
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| F 0000<br><br>Bldg. 00 | This visit was for the Investigation of Complaints IN00417042 and IN00418633.<br><br>Complaint IN00417042. Federal/state deficiencies related to the allegations are cited at F584 and F656.<br><br>Complaint IN00418633. No deficiencies related to the allegations are cited.<br><br>Survey dates: October 10, 11 and 12, 2023<br><br>Facility number: 000342<br>Provider number: 155573<br>AIM number: 100289140<br><br>Census Bed Type:<br>SNF/NF: 24<br>Total: 24<br><br>Census Payor Type:<br>Medicare: 4<br>Medicaid: 16<br>Other: 4<br>Total: 24<br><br>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.<br><br>Quality review completed on October 19, 2023 | F 0000 | 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 10/31/2023.<br><br>Facility is respectfully requesting paper compliance for all deficiencies in this POC. | |
| F 0584<br>SS=D<br>Bldg. 00 | 483.10(i)(1)-(7)<br>Safe/Clean/Comfortable/Homelike Environment<br>§483.10(i) Safe Environment.<br>The resident has a right to a safe, clean, comfortable and homelike environment, | | | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Roberta | Scott Shull | 10/26/2023 |

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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| | including but not limited to receiving treatment and supports for daily living safely.<br><br>The facility must provide-<br>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.<br>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.<br>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.<br><br>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;<br><br>§483.10(i)(3) Clean bed and bath linens that are in good condition;<br><br>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);<br><br>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;<br><br>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and<br><br>§483.10(i)(7) For the maintenance of comfortable sound levels.<br>Based on observation, interview and record review, the facility failed to ensure an odor-free | F 0584 | **It is the intent of this facility to provide a home-like and clean** | 10/31/2023 |

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| | room environment for 1 of 3 residents reviewed for a home-like and clean environment. (Resident B)<br><br>Findings include:<br><br>An observation of Resident B and his room was conducted on 10-10-23 at 12:15 p.m. A strong urine odor was present in his room at that time. A second observation of Resident B and his room was conducted on 10-10-23 at 1:55 p.m. A strong urine odor remained at that time. In an observation of Resident B and his room on 10-11-23 at 3:50 p.m., the room remained with a strong urine odor present. In an interview at this time with the Activity Director, she indicated the facility was aware of the urine odor in the room and questioned if his bed mattress might be causing the odor as Resident B is frequently incontinent of urine. The Activity Director indicated the housekeeping staff mop Resident B's floor at least twice daily to minimize odor.<br><br>In an interview on 10-11-23 at 4:10 p.m., with the Director of Nursing (DON), she indicated the facility just received a new mattress for Resident B and were waiting for him to wake up, in order to replace the mattress.<br><br>In an observation on 10-12-23 at 9:15 a.m., Resident B was seated in dining room with the Activity Director present with him. There was no unpleasant odor present at this time.<br><br>During an observation of Resident B's room on 10-12-23 at 10:08 a.m., a "Wet Floor" sign was located at the room entrance with the room's floor obviously wet. Resident B was walking in the hallway with a male employee. This employee indicated Resident B's room's floor had been cleaned [mopped] twice that morning. A faint | | **environment.**<br>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:<br>**Resident B no longer resides in the facility.**<br>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.<br>**All residents that are incontinent of urine and urinate in inappropriate places have the potential to be affected by the alleged deficient practice. A Facility Wide Audit will be completed to identify any odors noted in resident rooms. Noted odors will be addressed immediately.**<br>What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur.<br>**The Administrator/designee will educate facility staff on General Cleaning Policies and Procedures for Resident Rooms. This education was completed 10/26/2023. Additionally, any employee who fails to comply with the points of the in-service may be further educated and/or progressively disciplined as indicated.**<br>How the corrective action will be | |

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| | urine odor remained in the room with an obvious cleaning solution odor present.<br><br>During an observation at 10-12-23 at 11:30 a.m., Resident B was in his room with a male employee present. The "Wet Floor" sign was no longer present and the floor was dry. A strong urine odor remained.<br><br>In an interview with the Assistant Director of Nursing (ADON) on 10-12-23 at 10:20 a.m. She indicated Resident B's bed mattress was replaced yesterday afternoon.<br><br>In an interview on 10-12-23 at 11:10 a.m., with the Administrator and DON, the DON indicated at that time, the facility will more than likely have to take up the current laminate flooring and remove it in order to get rid of the odor. The DON shared the facility recently had a similar situation in another resident room in which a resident urinated on the floor and the urine had seeped under the laminate, requiring the facility to remove the flooring in that room, clean the underlayment and replace the flooring in order to accomplish getting rid of the urine odor.<br><br>In an interview on 10-12-23 at 11:50 a.m., with the Administrator and DON, the Administrator indicated the facility's expectations are if an odor is noticed, the facility tries to get it addressed. She added the facility has Resident B's room cleaned at least twice a day, usually morning and afternoon. and interventions have included, but not limited to, changing out the mattress, cleaning the PTAC (heating and air conditioning unit), as well as conducting additional cleaning and mopping. The DON shared she keeps a container of a odor remover in her office, located across from Resident B's room, in which she sprays his | | monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place<br>**The Administrator/designee will audit 10 residents' rooms for odors weekly x 4 weeks, than 5 random residents rooms for odors weekly x 4 weeks, than 5 random residents rooms for odors monthly x 4 months. Any noted odors will be addressed immediately.** If the facility is within 95% compliance at the end of the 6 months; then monitoring can be stopped**.**<br>Results of the monitoring will be reviewed at the monthly QAPI meeting. Any concerns will have been addressed. However, any patterns will be identified. Any needed Action Plan will be written by the QAPI committee. Any written Action Plan will be monitored by the Administrator weekly until resolved.<br>By what date the systemic changes for each deficient will be completed. 10/31/2023. | |

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| | room several times a day when he is not in the room. "I would guess it's been about 2 weeks ago that we began to notice a urine odor in his room and it has progressively gotten worse." She added the facility has identified Resident B has urinated in his bathroom and behind the bathroom door and in the trash can; has even urinated in the business office. "The business office manager was present at the time and he did not seem to notice she was present. He had been sitting in her office, then got up and urinated behind her and she happened to look over her shoulder and saw him urinating ...He has urinated in the resident common area, has urinated in the East hall down by the doors and in the main copy room ...Since he came in, he has urinated in inappropriate places at times."<br><br>The clinical record of Resident B was reviewed on 10-10-23 at 10:46 a.m. His diagnoses included, but are not limited to, unspecified encephalopathy, nontraumatic subdural hematoma, hydrocephalus, Alzheimer's disease, anoxic brain damage, repeated falls, dementia and incontinence. His most recent Minimum Data Set assessment, dated 8-16-23, indicated he is severely cognitively impaired, he wanders about the facility and is incontinent of bowel and bladder.<br><br>On 10-12-23 at 11:32 a.m., the Administrator provided a copy of a procedure entitled, "General Cleaning Policies and Procedures [for] Resident Room - Clean." This procedure outlined the steps to "provide a clean, attractive and safe environment for residents, visitors and staff." The procedure included step-by-step instructions on how to clean a resident's room and bathroom.<br><br>In an interview on 10-12-23 at 11:50 a.m., with the Administrator and DON, the Administrator | | | |

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| | indicated the facility's expectations are if odors are noticed, the facility will attempt to address the odors.<br><br>This Federal tag relates to Complaint IN00417042.<br><br>3.1-19(f)(5)<br>3.1-19(m)2) | | | |
| F 0656 SS=D Bldg. 00 | 483.21(b)(1)(3)<br>Develop/Implement Comprehensive Care Plan<br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -<br>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and<br>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).<br>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. | | | |

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| | (iv)In consultation with the resident and the resident's representative(s)-<br>(A) The resident's goals for admission and desired outcomes.<br>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.<br>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.<br>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-<br>(iii) Be culturally-competent and trauma-informed.<br>Based on observation, interview and record review, the facility failed to develop a care plan for 1 of 3 residents reviewed for incontinence care related to urinating in inappropriate locations of the facility. (Resident B)<br><br>Findings include:<br><br>The clinical record of Resident B was reviewed on 10-10-23 at 10:46 a.m. His diagnoses included, but are not limited to, unspecified encephalopathy, nontraumatic subdural hematoma, hydrocephalus, Alzheimer's disease, anoxic brain damage, repeated falls, dementia and incontinence. His most recent Minimum Data Set assessment, dated 8-16-23, indicated he is severely cognitively impaired, he is ambulatory, he wanders about the facility and is incontinent of bowel and bladder.<br><br>Observations of Resident B and his room was conducted on 10-10-23 at 12:15 p.m., 10-10-23 at | F 0656 | **It is the intent of this facility to develop care plans for residents with incontinence care related to urinating in inappropriate locations.**<br>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:<br>**Resident B no longer resides in the facility.**<br><br>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.<br>**All residents that are incontinent of urine and urinate in inappropriate places have the potential to be** | 10/31/2023 |

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| | 1:55 p.m., 10-11-23 at 3:50 p.m., 10-12-23 at 9:15 a.m., 10-12-23 at 10:08 a.m., and 10-12-23 at 11:30 a.m., which indicated a urine odor was present.<br><br>In an interview with the Activity Director on 10-11-23 at 3:50 p.m., she indicated the facility was aware of the urine odor in the room. She added Resident B is frequently incontinent of urine.<br><br>In an interview on 10-12-23 at 11:50 a.m., with the Administrator and DON, the Administrator indicated the facility's expectations are if an odor is noticed, the facility tries to get it addressed. "We have cleaned the room at least twice a day, usually morning and afternoon. We have changed out the mattress, cleaned the PTAC (heating and air conditioning unit), as well as conducting additional cleaning & mopping. The DON shared she keeps a container of a odor remover in her office, located across from Resident B's room in which she sprays his room several times a day when he is not in the room. "I would guess it's been about 2 weeks ago that we began to notice a urine odor in his room and it has progressively gotten worse." She added the facility has identified Resident B has urinated in his bathroom and behind the bathroom door and in the trash can; has even urinated in the business office. "The business office manager was present at the time and he did not seem to notice she was present. He had been sitting in her office, then got up and urinated behind her and she happened to look over her shoulder and saw him urinating ...He has urinated in the resident common area, has urinated in the east hall down by the doors and in the main copy room ...Since he came in [admitted to the facility], he has urinated in inappropriate places at times."<br><br>A review of the clinical record failed to locate a | | **affected by the alleged deficient practice. A Facility Wide Audit will be completed to identify residents that urinate in inappropriate places and their care plans will be updated as needed.**<br>What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur.<br>**The Administrator will educate the DON, ADON and MDS coordinator on developing resident specific care plans related to urinating in inappropriate places. This education was completed 10/26/2023. Additionally, any employee who fails to comply with the points of the in-service may be further educated and/or progressively disciplined as indicated.**<br>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place<br>**The DON/designee will audit 10 residents for urinating in inappropriate places weekly x 4 weeks, than 5 random residents for urinating in inappropriate places weekly x 4 weeks, than 5 random residents for urinating in inappropriate places monthly x 4 months. Residents care plans will be updated as needed.** If | |

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| | care plan related to Resident B urinating in inappropriate locations. In an interview with the DON on 10-12-23 at 12:12 p.m., she indicated she could not locate a care plan for this issue.<br><br>On 10-12-23 at 12:58 p.m., the Administrator provided a copy of a policy entitle, "Baseline Care Plan Assessment/Comprehensive Care Plans, with a revision date of 11-25-2017. This policy indicated, "It is the policy of the facility to ensure that every resident has a Baseline Care Plan completed and implemented within 48 hours of Admission...The Baseline Care Plan will continue to be updated with changes in risk factors, goals and interventions until the Comprehensive Care Plan is completed...The Comprehensive Care Plan will further expand on the resident's risks, goals and interventions using the 'Person-Centered' Plan of Care approach for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, physical functioning, mental and psychosocial needs. These needs will be defined from observation, interviews, clinical medical record review and through assessments and CAA's. The facility interdisciplinary team in conjunction with the resident, resident's family, surrogate or representative as appropriate along with a 'hands on caregiver, such as a Certified Nursing Assistant will discuss and develop quantifiable objectives along with appropriate interventions in an effort to achieve the highest level of functioning and the greatest degree of comfort/safety and overall well-being attainable for the resident."<br><br>This Federal tag relates to Complaint IN00417042.<br><br>3.1-35(a)<br>3.1-35(b)(1) | | the facility is within 95% compliance at the end of the 6 months; then monitoring can be stopped. Results of the monitoring will be reviewed at the monthly QAPI meeting. Any concerns will have been addressed. However, any patterns will be identified. Any needed Action Plan will be written by the QAPI committee. Any written Action Plan will be monitored by the Administrator weekly until resolved.<br>By what date the systemic changes for each deficient will be completed.10/31/2023. | |

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