

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

PRINTED: 02/25/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/13/2025	
NAME OF PROVIDER OR SUPPLIER WATERS OF PRINCETON, THE				STREET ADDRESS, CITY, STATE, ZIP COD 1020 W VINE ST PRINCETON, IN 47670			
(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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00450688 and IN00450209.</p> <p>Complaint IN00450688- Federal/state deficiencies related to the allegations are cited at F580.</p> <p>Complaint IN00450209- No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 10, 13, 2025.</p> <p>Facility number: 000175 Provider number: 155275 AIM number: 100274440</p> <p>Census Bed Type: SNF/NF: 58 Total: 58</p> <p>Census Payor Type: Medicare: 3 Medicaid: 49 Other: 6 Total: 58</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 15, 2025.</p>			F 0000	We are requesting a desk review.		
F 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Denial/Room, etc.)</p> <p>Based on observation, interview and record</p>			F 0580	<p>It is the policy of this Tag# F580 Notify of Changes</p>		02/01/2025

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 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>review, the facility failed to notify the physician and resident representative of a change in condition for 1 of 3 residents reviewed for skin/wounds. A treatment order was not obtained for a pressure injury, a resident representative was not notified of a pressure wound or facial bruising. (Resident B)</p> <p>Findings include:</p> <p>On 1/10/25 at 8:56 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, personality disorder, diabetes mellitus, dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, muscle weakness, unsteadiness on feet.</p> <p>A quarterly Minimum Data Set (MDS) assessment dated 10/14/24, indicated Resident B's cognition was severely impaired.</p> <p>Care plans included, but were not limited to:</p> <p>Wound is present - L (left) buttock, stage 2, date initiated 1/10/25. Interventions included, but were not limited to: Tx (treatment) as ordered, date initiate 1/10/25.</p> <p>January 2025 physician orders were reviewed and included but were not limited to:</p> <p>Lt. (left) buttock open area: cleanse with wound cleanser, apply skin prep, cover with hydrocolloid every t-t-sa (Tuesday, Thursday, Saturday), order date 1/10/25.</p> <p>Progress notes were reviewed and included, but were not limited to:</p>				<p>facility to ensure that Physicians and families are notified of change of condition</p> <p>What corrective actions will be accomplished for those residents found to be affected by the deficient practice: Resident B was assessed and not negatively affected related to alleged deficient practice. Family was notified of facial bruise on 1-2-25 and Pressure ulcer on 1 -10-2025 How other residents having the potential to be affected by the same deficient practices will be identified and what corrective action will be taken: DON/Designee completed a 30 day look back of notification of change in Resident's Condition/Status/Treatment to ensure that physicians and familillies have been notified on 1/7/25.</p> <p>What measures will be put in place and what systemic changes will be made to ensure that deficient practice does not recur. The DON/Designee in-serviced the nursing staff on 01/20/25 related to facility policy and protocol on guidelines for notification of change in Resident's Condition/Status/Treatment. Additionally, any staff that fails</p>		

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	<p>12/23/24 at 7:24 a.m., " Resident has an open area Right side middle starting to red and starting to open, skin prepped and reported to ADON (Assistant Director Of Nursing)."</p> <p>12/23/24 9:31 a.m., " Resident spot on the bottom 1x1 in size it is on the left middle of his(sic) buttocks."</p> <p>12/24/24 2:56 a.m., " continues on zpack for cough, no cough or adventitious lung sounds noted this shift, resident c/o (complained of) pain to coccyx, prn (as needed) Tylenol given, resident refused to roll onto side to alleviate pressure from coccyx, will continue to attempt pressure offloading and monitor resident status"</p> <p>1/1/25 at 10:34 p.m., " Noted to have bruises around eyes from unknown cause/origin. Appeared to have caused by her eyeglasses. Resident denies pain to areas."</p> <p>1/2/25 at 2:52 p.m., " Res observed to have bruising to bilateral eyes from glasses. Res was picking something up and hit her bedside table and glasses were on and hit her nose bridge. [name of physician] gave order for X-ray to face. X-ray ordered."</p> <p>1/3/25 at 2:38 p.m., " X-ray results sent to NP..Niece aware."</p> <p>On 1/10/25 at 10:00 a.m., Resident B was observed sitting in the dining room. Resident B was observed to have bruising around the eye area.</p> <p>On 1/10/25 at 10:36 a.m., the Assistant Director Of Nursing (ADON) indicated she was not aware of an open area to Resident B's buttock, she did not remember a nurse telling her about it, but may</p>				<p>to comply with the points of this in-service will be further educated/disciplined as indicated.</p> <p>How the corrective actions will be monitored to ensure the deficient practices will not recur: DON/Designee will complete an audit of notification of changes 5 times a week x 4weeks, then 3 times a week x 4 weeks, then once a week for 4 weeks, then once a month x 3 months will be completed on. If the facility is within 95% compliance at the end of 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.</p> <p>DOC: 2-1-2025</p>		

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	<p>have been notified of area, she was going to investigate it.</p> <p>On 1/13/25 at 9:00 a.m., a progress noted dated 1/10/25 at 1:09 p.m. was reviewed: " .8 x .8x(sic) .1, superficial area on It buttock with thin brown scab covering area. Denies and (sic) pain or tenderness to area and said , " I'm alright". No drainage or odor present. Area cleansed with wound cleanser, area skin prepped and hydrocolloid applied and to be changed q t-t-sa. [name of physician] and niece (sic) [name] notified. Niece (sic) gave her care yesterday and said she did not see anything open at this time."</p> <p>A wound summary note dated 1/10/25 was reviewed and indicated the wound was identified on 1/10/25, left gluteal, stage 2, length .8, width .8, depth .1.</p> <p>On 1/13/25 at 9:10 a.m., the ADON indicated Resident B did have a pressure stage 2 to her left buttock, she had observed it on 1/10/25, the nurse did report it to her on 12/23/24, it just left her mind and she did not follow up on it.</p> <p>On 1/13/25 at 1:14 p.m., the Director Of Nursing (DON) indicated she could not find in the clinical record that Resident B's representative was notified of the bruising to the eyes when it was found on 1/1/25,the representative was at the facility on 1/2/25, she thought in the afternoon, and came and asked staff about the bruising she observed to Resident B.</p> <p>On 1/13/25 at 12:00 p.m., the DON provided the current policy on guidelines for notification of change in resident's condition/status/treatment, with a date of 6/29/24. The policy included, but was not limited to: Intent: It is the intent of the</p>						

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	<p>facility to ensure that the resident, their attending physician, and the resident's Responsible Party/POA are notified of changes in the resident's condition, status, or treatment. This notification will be done promptly in order to obtain any orders needed for appropriate treatment and/or monitoring related to the change- as well as to promote the resident right related to the right to make choices about treatment and care preferences...Nurses and other care staff are educated to identify changes in a resident's condition that require notification to the resident, their attending physician, and the resident's Responsible Party/POA...Examples of situations/circumstances when the physician must be immediately notified (after the physician is notified and the resident is stabilized, the resident's Responsible Party/POA will be notified...any incident/accident that results in injury to include injury of unknown origin...discovery of a pressure injury or skin alteration...</p> <p>This citation relates to Complaint IN00450688.</p> <p>3.1-5(a)(1) 3.1-5(a)(2)</p>						