

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

PRINTED: 12/10/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155059		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/04/2024	
NAME OF PROVIDER OR SUPPLIER  WATERS OF HUNTINGTON SKILLED NURSING FACILITY, THE				STREET ADDRESS, CITY, STATE, ZIP COD 1500 GRANT ST HUNTINGTON, IN 46750			
(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 Complaints IN00446015, IN00446044, and IN00445218.</p> <p>Complaint IN00446015 - Federal/State deficiency related to the allegation is cited at F584.</p> <p>Complaint IN00446044 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00445218 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 1 and 4, 2024</p> <p>Facility number: 000020 Provider number: 155059 AIM number: 100288690</p> <p>Census Bed Type: SNF: 3 SNF/NF: 53 Total: 56</p> <p>Census Payor Type: Medicare: 6 Medicaid: 42 Other: 8 Total: 56</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed November 12, 2024.</p>			F 0000	<p>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 (12-23-2024). The facility is respectfully requesting paper compliance for all deficiencies in this .</p>		
F 0584 SS=E Bldg. 00	483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment						

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

TITLE

(X6) DATE

Mark Thompson

Administrator

12/02/2024

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>Based on observation and interview, the facility failed to ensure the facility was maintained in a clean, homelike manner for random observations of resident rooms, bathrooms, and common area hallways.</p> <p>Findings include:</p> <p>During a facility tour on 11/1/24 beginning at 10:42 a.m. and accompanied by the Administrator, the following was observed:</p> <p>a. The carpeting in the hallways was stained.</p> <p>b. Unclean floors with dark/ brown black debris in rooms 50-61. The bathrooms had brown matter around the base of the toilets, with yellowish-brown stains on the outside surfaces of the toilets.</p> <p>c. The carpet in the hallways outside of rooms 63-75 were stained, with worn areas throughout. The bathrooms had scattered debris on the floors.</p> <p>d. The carpeting in the hallway outside of rooms 76-93 was stained, with worn areas throughout.</p> <p>During the tour, the Administrator indicated housekeeping was in the process of mopping the floors and cleaning resident rooms.</p> <p>During a facility tour, on 11/1/24 at 1:11 p.m. and accompanied by the Administrator, the following was observed:</p> <p>a. The bathroom floor in room 60 was sticky and the baseboard around the room and bathroom was discolored with a yellow/brown substance. The toilet had dried brown matter inside of toilet and discoloration on the outside.</p> <p>b. The floor in room 61 had a thick substance and scattered debris on it and the baseboards had a yellow/brown discoloration. There were dark</p>			F 0584	<p>F-548</p> <p>It is the policy of the facility that the facility must provide a safe, clean, comfortable, home-like environment.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The housekeeping director/designee cleaned the floors, carpet and bathrooms around the base of the toilet for rooms 50-61 and hallway on 11-5-2024.</p> <p>The housekeeping director/designee cleaned the hallway carpet for rooms 63-75 and rooms 76-93 by 11-5-24. All stained pieces of Carpet will be replaced by 12-23-24.</p> <p>The housekeeping director/designee cleaned the floor, baseboard and tiles in the bathroom and room of resident 60, 61, 51 and 52 on 11-5-2024.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.</p> <p>Housekeeping Director or designee complete a facility wide audit to verify resident rooms are safe, clean, comfortable, and are home-like environment on 11-27-24. Any concerns were addressed immediately.</p> <p>What measures will be put in place and what systemic changes</p>		12/16/2024

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	<p>reddish/brown stains on the bathroom floor behind the toilet.</p> <p>c. The toilet in room 56 had dried brown matter inside the bowl and around the rim. The floors in the bathroom and room had stains and dried spills on them.</p> <p>d. The floor in room 51 had debris and a thick, dark brown/black substance on it. The toilet had a yellowish/brown discoloration at the base.</p> <p>e. The floor in room 52 had a black/brown matter on the floor. The baseboards were stained and discolored. The bathroom wall tiles had visible stains around the toilet and under the sink.</p> <p>During the tour, the Administrator indicated the rooms did not appear to be clean and he did not know the last time the floors had been stripped. The housekeeping supervisor had been in the position for approximately four days.</p> <p>During an interview on 11/1/24 at 1:38 p.m., the Housekeeping Director indicated he was developing a new cleaning plan for the facility.</p> <p>Review of a Deep Cleaning Schedule for October 2024, provided by the Administrator on 11/1/24 at 12:46 p.m., indicated at a minimum, one room was to be deep cleaned per day, in addition to normal daily task.</p> <p>A current, undated facility policy, titled "Daily Cleaning/Electrostatic Spraying" was provided by the Administrator on 11/1/24 at 12:33 p.m. The policy indicated the following: " Purpose: To provide a clean and safe environment for residents, visitors and staff. .... Daily Cleaning Procedure: .... 17. Resident Bathroom a. Wipe down all surfaces starting with mirrors, grab bars, sinks, toilet. ...."</p>				<p>will be made to ensure that the deficient practice does not reoccur.</p> <p>Administrator educated Housekeeping Director and Housekeeping department on facility providing safe, clean, comfortable, home-like environment on 12-6-2024.</p> <p>Additionally, any employee who fails to comply with the points of the in-service may be further educated and/or progressively disciplined as indicated.</p> <p>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 Admin/Designee will audit 10 random rooms/bathrooms/Hallways/Comm on Areas in any combination weekly x 4 weeks to ensure Rooms, Bathrooms, Hallways, and common areas are cleaned properly. then 5 rooms/bathrooms/Hallways/Comm on Areas in any combination x 4weeks, then 5 rooms/bathrooms/Hallways/Comm on Areas in any combination x 4 months, these interviews will be conducted on random shifts. If the facility is within 95% compliance at the end of the 6 then monitoring can be stopped. Results of the monitoring will be reviewed at the monthly QAPI meeting. Any concerns will have been</p>		

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	<p>A current, undated facility policy, titled "General Cleaning Policies and Procedures Resident Room-Discharge Clean" was provided by the Administrator on 11/1/24 at 12:33 p.m. The policy indicated the following:</p> <p>"Purpose: To provide a clean, attractive and safe environment for residents, visitors and staff. ....</p> <p>Procedure: ....</p> <p>7. Clean the Resident's Sink:</p> <p>a. Apply disinfectant or bathroom cleaner to the interior of the sink.</p> <p>b. Clean the inside of the sink, the exterior surfaces of the sink and all metal handles and faucets using a clean cloth dampened with the disinfectant or bathroom cleaner. ....</p> <p>c. Clean the plumbing underneath the sink. ....</p> <p>8. Clean Toilets:</p> <p>a. Scrub the inside of the toilet and urinals with the bowl brush and disinfectant cleaner. Flush the toilets and urinals. Use the flush water to rinse your bowl mop and brush. Spray disinfectant cleaner onto a cloth and clean all toilet seats, flush handles, exposed pipes and outside surfaces of the toilets and urinals. clean base also where urine may be. When gum or sticky residue form the floor by gently prying it loose with a putty knife. ...."</p> <p>This citation relates to Complaint IN00446015.</p> <p>3.1-19(f)(5)</p>				<p>addressed. However, any patterns will be identified. Any will be written by the QAPI committee. Any written Action Plan will be monitored by the Administrator weekly until resolved</p>		