STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155443	A. BUILDING 00 B. WING	08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WATERS OF MUNCIE, THE	2400 CHATEAU DR MUNCIE, IN 47303

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00387242, IN00387290, IN00387177, IN00387058 and IN00382066. This visit resulted in a Partially Extended Survey-Substandard Quality of Care - Immediate Jeopardy. Complaint IN00387242 - Unsubstantiated due to lack of evidence. Complaint IN00387290 - Substantiated. Federal/State deficiencies related to the allegations are cited at F684. Complaint IN00387177 - Substantiated. Federal/State deficiencies related to the allegations are cited at F880. Complaint IN00382066 - Unsubstantiated due to lack of evidence. Complaint IN00387058- Substantiated. Federal/State deficiencies related to the allegations are cited at F684. Survey dates: August 8, 9 and 10, 2022 Facility number: 000310 Provider number: 155443 AIM number: 100288970 Census Bed Type: SNF/NF: 62 Total: 62 Census Payor Type: Medicare: 8	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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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	Medicaid: 44 Other: 10 Total: 62 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on August 16, 2022.			
F 0684 SS=J Bldg. 00	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Based on interview and record review the facility failed to ensure an abnormal blood pressure was reported to the physician for possible life saving interventions. This deficient practice resulted in the death of a resident (Resident C). The immediate jeopardy began on 8/1/2022, when a QMA failed to seek an assessment of a resident who presented with a blood pressure of 177/144. The resident was not assessed, the physician was not called for possible treatment guidelines. Approximately 3 hours later the resident collapsed and expired in the facility (Resident C). The Administrator and DON (Director of Nursing) were notified of the immediate jeopardy on 8/9/2022 at 11:45 a.m. The immediate jeopardy was removed, and the deficient practice corrected on 8/3/2022, prior to the start of the survey and	F 0684	Past noncompliance: No POC required.	08/22/2022

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	therefore Past Noncompliance. Findings include: The clinical record for Resident C was reviewed on 8/8/2022 at 11:31 a.m. Diagnoses included, but were not limited to, Parkinson's disease, type 2 diabetes, hypertension and bradycardia. Review of the clinical record indicated the resident had orders for the following antihypertensives: Amlodipine 5 mg every morning. Started on 7/26/2022, ended on 8/3/2022. Clopidogrel 75 mg every evening. Started on 7/26/2022, ended on 8/3/2022. Losartan 50 mg every morning Started on 7/26/2022, ended on 8/3/2022. Furosemide 20 mg two times daily. Started on 7/26/2022, ended on 8/3/2022. Hydralazine HCL 10 mg three times daily. Hold for systolic blood pressure less than 110 and heart rate less than 50 beats per minute. Started on 7/27/2022, ended on 8/3/2022. The most recent quarterly Minimum Data Set (MDS) assessment, dated 5/31/2022, was reviewed on 8/8/2022 at 11:31 a.m. The MDS indicated Resident C was severely cognitively impaired. The resident lived on the locked memory care unit. Review of the clinical record indicated a care plan for hypertension, dated 8/10/2017. Interventions included, but were not limited to, blood pressure will remain within parameters, dated 8/10/2017. Medications per order, dated 8/10/2017. Observe for signs and symptoms of elevated blood pressure, headache, dizziness, visual changes, increased tiredness, flushed skin. Review of the recorded blood pressures from			

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	7/21/2022 through 7/31/2022 indicated the highest blood pressure of 149/58 on 7/21/2022 and the lowest blood pressure of 124/72 on 7/31/2022. On 7/31/2022 at 8:22 p.m. QMA 4 recorded the resident's blood pressure at 128/70. Review of the vital signs in the clinical record indicated a blood pressure of 177/144 was taken at 6:10 a.m. on 8/1/2022. The clinical record lacked notification of anyone about the abnormal blood pressure taken by QMA 4. Review to a progress note dated 8/1/2022 at 9:57 a.m., indicated the resident was walking to his room from the dining room with a rolling walker. The resident ambulated approximately 3 feet and became unsteady and began to collapse. The resident's knees buckled, and he was lowered to the floor by CNA (Certified Nursing Assistant) 1. CNA 1 yelled for the nurse who immediately noted the resident was pale and turning a bluish color, respirations were sporadic. The nurse called 911. The staff were unable to get an oxygen level, blood pressure was 133/112 and the heart rate was 67 with a faint pulse. EMS entered the facility and took over the care of the resident. EMS placed the resident on a heart monitor and a pulse oximeter. EMS were unable to obtain vital signs on the resident. EMS called the coroner and the physician and POA were notified. Review of the August 2022 Medication Administration Record indicated the resident had an order for hydralazine HCL (antihypertensive) tablet 10 mg . Give 1 tablet by mouth three times a day for bradycardia. Hold if systolic blood pressure is less than 110; Call MD if heart rate is less than 50 bpm (beats per minute). On 8/1/2022 at 6:00 a.m. the blood pressure was documented as 177/144 and a heart rate of 57. There was no			

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	physician notification documented in the record. During an interview on 8/8/2022 at 11:08 a.m., LPN 2 indicated she was the nurse on duty on the morning of 8/1/2022. She indicated QMA 4, who worked 11:00 p.m. to 7:00 a.m., did not report any abnormal blood pressure for the resident during report for the 11:00 p.m. to 7:00 a.m. shift. She indicated there were two nurses in the facility on the 11:00 p.m. to 7:00 a.m. CNA 1 had yelled out for help after breakfast. LPN 2 indicated the resident was pale and had begun to turn a bluish color. She had a cell phone on her at the time and called 911 immediately. Staff were unable to obtain an oxygen saturation on the resident and his breathing was sporadic with intermittent gasping. EMS arrived and took over the care of the resident. LPN 2 indicated no one was aware of the elevated blood pressure until after the resident expired and they began a chart review. She indicated QMA 4 should have called the nurses on duty in the facility with the elevated blood pressure, the physician should have been called and his orders followed. During an interview 8/8/2022 at 11:58 a.m., CNA 1 indicated she provided care to Resident C on the morning of 8/1/2022. After breakfast she was walking the resident back to his room, before the resident could exit the dining room he started to lean back, and his knees started to buckle. She was able to lower the resident to the floor. CNA 1 called for the nurse, and she came right away. The nurse called 911. CNA 1 indicated prior to the incident, the resident had been acting normal and she had not gotten anything in morning report related to an elevated blood pressure. During an interview on 8/8/2022 at 3:40 p.m., the DON indicated QMA 4 should have notified one			

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	of the nurses on duty about the elevated blood pressure for Resident C. The DON indicated the nurses would have assessed the resident and called the physician for direction. During an interview on 8/9/2022 at 9:30 a.m., LPN 5 indicated she had been on duty during the night shift on 7/31/2022. She indicated QMA 4 did not notify her of any abnormal vital signs during the shift. She had not been made aware there had been an issue until the DON called her on 8/1/2022 and asked if she had been notified of the abnormal blood pressure for Resident C. LPN 5 indicated she would have assessed the resident and rechecked the blood pressure, called the physician for orders, called the family and called the DON if needed. During an interview on 8/9/2022 at 11:03 a.m., QMA 4 indicated she did not report the elevated blood pressure to anyone. She stated the oncoming nurse had access to the documented vital signs and she did not think too add it in her report. During an interview on 8/9/2022 at 3:43 p.m., the Medical Director indicated QMA 4 should have notified the nurse on duty of the elevated blood pressure and the blood pressure should have been rechecked. The blood pressure was abnormal and it did not matter if it was correct or not. Review of the current undated job description for Qualified Medication Aides was signed by QMA 4 on 718/2022. The job description indicated the following: "... ESSENTIAL JOB FUNCTIONS: ... 4. Monitor residents vital signs. ... 7. Report to the nurse on duty general and			

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	specific information pertaining to the response of the residents to their medications or treatments and any other pertinent or appropriate information. ...:" Review of a current undated "CNA,QMA Orientation Checklist" indicated a date of return demonstration for QMA 4 on 7/18/2022. The check list indicated the following: "... Vital Signs ... Take a blood pressure. Discuss reporting abnormal vital signs to a licensed nurse. Reporting changes in condition to licensed nurse. The past noncompliance immediate jeopardy began on 8/1/2022. The immediate jeopardy was removed and the deficient practice corrected by 8/3/2022 after the facility implemented a systemic plan that included the following actions: the facility re-educated staff regarding abnormal vital signs, resident assessment and physician notification, implemented an in service on how to take a blood pressure, and implemented monitoring. This tag relates to Complaints IN00387290 and IN00387058			
F 0880 SS=D Bldg. 00	483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program.			

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	The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or			

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	their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.			
	Based on observation and interview, the facility failed to ensure glucometers were disinfected according to the manufacturer's instructions after use for 2 of 2 accuchecks observed and the facility failed to ensure gloves were worn during insulin administration for 1 of 2 insulin administrations observed. Findings include: On 8/8/22 at 12:30 p.m., after retrieving a resident's blood sugar, LPN 77 with non-gloved hands, pulled a disinfectant wipe from the container and wiped the glucometer for approximately five seconds and placed the glucometer on a facial tissue on top of the medication cart. During an insulin administration observation, on 8/8/22 at 12:38 p.m., at the medication cart, LPN 77 placed the needle onto the insulin pen, wasted	F 0880	F 880 Residents Directly Affected: Several residents were affected, but not identified in the 2567. DON/Designee conducted on audit on 8/24/2022 and identified all residents that have orders for glucometer use. DON/Designee ensured glucose meters were cleaned correctly. All residents that have orders for glucometer use were assessed by clinical services with no abnormal findings. Additionally, DON/Designee conducted an audit on 8/24/2022 and identified all residents with orders for insulin. All residents that have orders for insulin were assessed by clinical services with no abnormal	08/30/2022

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	two unit of insulin then dialed up 13 unit of insulin, went into the resident's room, with non-gloved hands, she used an alcohol wipe to wipe the resident's right lower quadrant of his abdomen and administered his insulin. She walked out of the resident's room and took the needle off of the insulin pen and as she placed the needle into the sharps container she dropped the needle onto the floor, she retrieved the needle from the floor and placed it in the sharps container. She indicated she would normally wear gloves. On 8/8/22 at 12:53 p.m., after retrieving a resident's blood sugar, LPN 77 with non-gloved hands, pulled a disinfectant wipe from the container and wiped the glucometer for five seconds and placed the glucometer on a facial tissue on top of the medication cart. During an interview with LPN 77, on 8/8/22 at 1:03 p.m., she indicated she would normally wipe off the glucometers for one minute. A current facility policy, titled "Disinfecting Glucose Meters Policy and Procedure," provided by the DON, on 8/9/22 at 3:00 p.m., indicated the following: "...Disinfecting Glucose Meters...2. Don nonsterile gloves...5. Use disinfectant wipe per manufacturer's guidelines. Ensure all surfaces are wet dwell/contact time is followed...." Manufacturer's instructions for Super Sani-Cloth Germicidal Wipes indicated "To Disinfect and Deodorize: To disinfect nonfood contact surfaces only: Unfold a clean wipe and thoroughly wet surface. Allow treated surface to remain wet for a full two (2) minutes...." A current facility policy, titled "Insulin Administration," provided by the DON, on 8/9/22		findings. Residents that have the Potential to be Affected: All residents have the potential to be affected by the cited deficient practices. Systemic Changes: DON/Designee/ IP will in-service all RNs, LPNs, and QMAs on the facility policies related to glucometer cleaning, insulin administration, handwashing and donning/ doffing of PPE on or before 8/30/2022. All staff not in-serviced prior to 8/31/2022 shall not be permitted to work the floor until in-serviced. DON/Designee shall conduct visual audits of LPNs, RNs, and QMAs to ensure glucometers are cleaned properly, insulin is administered properly, handwashing and donning / doffing is being done properly. Audits shall be completed by visually observing nurses administer medications 5 x week for 4 weeks, 3 x week for 4 weeks, weekly for 4 weeks, and monthly x 3 months. facility assessment reviewed and updated as needed. Audits shall consist of DON/Designee observing no less than 3 resident administrations per audit. Any deficient practices must be immediately corrected and the employee shall be immediately re-in-serviced.	

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	at 3:00 p.m., indicated the following: "Procedures...7. Apply gloves...." This Federal tag relates to complaint IN00387177 3.1-18(a)		Monitoring: The DON/Designee or designee will complete daily infection control rounds to ensure staff are following the Infection Control Practices and complying with all solutions identified during the completion of the RCA and LTC Infection Assessment. Rounds will be conducted daily for 6 weeks and until compliance is maintained. A monthly QAPI meeting will be held with the IDT team to review and update any changes needed for sustaining compliance until facility is back in compliance and then monthly for 6 months. Alleged Compliance Date: 8/30/2022 Facility respectfully request a desk review.	