

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

PRINTED: 04/10/2025
FORM APPROVED
OMB NO. 0938-039

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|--|--|---|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155217 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 02/05/2025 | |
| NAME OF PROVIDER OR SUPPLIER WATERS OF HUNTINGBURG, THE | | | | STREET ADDRESS, CITY, STATE, ZIP COD 1712 LELAND DR HUNTINGBURG, IN 47542 | | | |
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| F 0000 Bldg. 00 | <p>This visit was for the investigation of complaint IN00452251.</p> <p>Complaint IN00452251: Federal / state deficiencies related to the allegation(s) are cited at F741 & F744.</p> <p>Survey dates: February 4 & 5, 2025</p> <p>Facility number: 000122 Provider number: 155217 AIM number: 100290560</p> <p>Census Bed Type: SNF/NF: 46 Total: 46</p> <p>Census Payor Type: Medicare: 4 Medicaid: 34 Other: 8 Total: 46</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on February 12, 2025.</p> | | | F 0000 | <p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular does not constitute an admission or 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. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 2/25/2025. This provider respectfully requests that this 2567 Plan of correction be considered the Letter of Credible Allegation of Compliance and requests desk review in lieu of a post survey review on or after 2/25/2025.</p> | | |
| F 0741 SS=E Bldg. 00 | <p>483.40(a)(1)(2) Sufficient/Competent Staff-Behav Health Needs</p> <p>Based on observation, interview and record review, the facility failed to ensure adequate staff was available on a locked dementia unit. A licensed nurse was not stationed on the unit during 2 of 2 days during the survey, monitoring</p> | | | F 0741 | <p>p="" paraid="78136532" paraeid="{da7f6df8-5a12-43c1-9025-97ef75b4cb04}{29}">F741 Sufficient/Competent Staff-Behavioral Health Needs It is the intent of this facility to ensure</p> | | 02/25/2025 |

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 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>and documenting of behaviors was not being completed during a 30-day review period, and staffing patterns did not meet the facility's Alzheimer's/Dementia Special Care Unit staffing specifications. (Memory Springs unit, Resident C, Resident D)</p> <p>Findings include:</p> <p>1. During an observation and interview 2/4/25 at 9:50 A.M., LPN 2 entered Memory Springs (locked dementia unit). LPN 2 checked in and then exited then unit. One Certified Nurse Aide (CNA) 5 and one activity assistant (AA) 3 were on the Memory Springs unit. CNA 5 indicated that the Memory Springs unit nurse floated from the front hall located at the front of the building. The nurse or other staff come on the unit periodically to check in, administer medications, or will come to the unit if needed and contacted by the CNA.</p> <p>During a review of the daily schedule for 2/4/25, no nursing staff and no Qualified Medication Aide (QMA) were assigned to the Memory Springs locked dementia unit during day shift, evening shift, or night shift. One CNA was assigned to the unit during the day, evening, and night shifts.</p> <p>A review of the facility census, on 2/4/25, indicated there were nine residents that resided on the Memory Springs locked dementia unit.</p> <p>During a confidential interview on 2/4/25, a nursing staff member indicated while working the front hall of the building they have to float back to the Memory Springs locked dementia unit. The staff member indicated that nursing was not able effectively monitor the dementia unit and that the one CNA on the dementia unit could not keep up.</p> | | | | <p>adequate staff available on a locked dementia unit and monitor and document behaviors. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The DON/Designee assessed resident C and and no negative outcome related to the cited practice on 2-5-2025 How be identified and what corrective actions be taken? All residents that reside on the dementia unit have the potential to be affected by the cited practice, therefore, this plan of correction applies to all residents that on the memory care unit of the facility. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? The DON/Designee in-serviced the nursing staff on completing behavior monitoring and documentation on 2-13-2025. Additionally, any staff that fails to comply with the points of this in-service will be further educated and/or disciplined as indicated. How be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? The DON/Designee will audit dementia unit resident for monitoring and documentation of behaviors 5 times a week x 4 weeks then 3 times a week x 4</p> | | |

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| | <p>The staff indicated the dementia unit should be staffed better.</p> <p>The facility's Alzheimer's / Dementia Special Care Unit dementia disclosure form dated, 12/30/24, indicated, "the resident census and number of full time equivalent (FTE) direct care staff for each shift of the dementia care program / unit:" (one FTE = 8 hours) At that time, the dementia unit census was 10. The form indicated the following staffing patterns: Day / Morning - 1 LPN, 1 CNA, 1 QMA, 1 activity staff, 1 social worker Afternoon / Evening - 0.5 LPN, 1 CNA, 1 QMA, 0.5 activity staff Night - 1 LPN, 1 CNA</p> <p>A review of the facility's daily staffing schedule from 1/22/25 through 2/4/25 indicated that no nurse or QMA was assigned to the Memory Springs locked dementia unit during the day shift. One QMA was assigned to the unit from 7:00 P.M. - 7:00 A.M. on 1/25/25, 1/26/25, 2/1/25, and 2/2/25. On those dates that a 7:00 P.M. - 7:00 A.M. QMA was scheduled to the unit, no CNA was scheduled to be on the unit during that time frame.</p> <p>During an observation on 2/5/25 at 9:35 A.M., AA 3 was sitting at a table with a resident in a common activity area. AA3 indicated the CNA was assisting a resident with bathing. No other staff were on the unit until 9:37 A.M. when the Administrator in Training (AIT) came onto the unit and sat with another resident in the common area. The Facility Administrator along with other staff members then came onto the unit.</p> <p>2. During an interview on 2/4/25 at 9:55 A.M. CNA 5 indicated that she had to watch Resident C because he liked to joke around on the dementia</p> | | | | <p>weeks, the x 4 months. If the facility is within 95% compliance at the end of 3 months, the monitoring will be stopped. At the monthly QAPI meeting, the monitoring will be reviewed. Any concerns will have been corrected as found. Any patterns will be identified. If necessary, an Action Plan will be written by the committee. Any written Action Plan will be monitored by the Administrator weekly until resolution.</p> <p>p="" paraid="270784228" paraeid="{da7f6df8-5a12-43c1-9025-97ef75b4cb04}{184}"> By what date be completed? February 25, 2025.</p> | | |

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| | <p>unit and the other residents did not realize he was joking.</p> <p>Resident C's diagnoses included, but were not limited to, Alzheimer's disease, vascular dementia with mood disturbance, cognitive communication deficit, and anxiety.</p> <p>Resident C's most recent quarterly Minimum Data Set (MDS), dated 12/12/24, indicated the resident had severe cognitive impairment, and wandered daily.</p> <p>Resident C's physician orders included, but were not limited to, behavioral monitoring every shift for depression, withdrawn, anxiety, pacing (started 8/23/24), reside on secure unit due to Alzheimer's dementia (started 9/25/24), and cimetidine 300 milligrams (mg) one time a day for sexual behaviors (ordered 1/21/25).</p> <p>Resident C's CNA charting from 1/6/25 to 2/4/25 indicated Resident C had the following behaviors on the following dates: 1/21/25 at 5:59 A.M. - Resident was physically aggressive towards others, expressed frustration / anger at others, and displayed public sexual acts. (no specific sexual acts were documented) 1/27/25 at 4:28 A.M. - Resident displayed public sexual acts,(no specific sexual acts documented) was anxious / restless, and was wandering. 2/2/25 at 11:01 A.M. - Resident displayed public sexual acts (no specific sexual acts documented)</p> <p>A facility investigation "timeline", signed by the Facility Administrator and Director of Nursing (DON) and dated 1/15/25 indicated, on 1/15/25 the DON was told by CNA 5 that Resident C was demonstrating sexually inappropriate behaviors the night prior. The DON questioned the MDS</p> | | | | | | |

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| | <p>nurse, who had been the charge nurse for the building during the night of 1/14/25, about Resident C's behavior. The MDS nurse indicated that the CNA on the Memory Springs locked dementia unit had informed her that Resident C was making sexually inappropriate comments to staff during the night shift.</p> <p>Resident C's nurse's notes contained no documentation of sexually inappropriate behaviors on 1/14/25, 1/15/25, 1/21/25, 1/27/25, or 2/2/25.</p> <p>3. On 2/4/25 at 12:00 P.M., a review of a facility investigation "timeline", signed by the Facility Administrator and Director of Nursing (DON) and dated 1/15/25 indicated, on 1/14/25 the MDS nurse was called to the Memory Springs locked dementia unit at 8:16 P.M., to assist in locating Resident D after the CNA assigned to the unit could not locate the resident. Resident D was found in another resident's room, in their bed, asleep with the resident.</p> <p>Resident D's diagnoses included, but were not limited to, altered mental status, dementia with behavioral disturbances and psychotic disturbances, and Alzheimer's disease.</p> <p>Resident D's most recent annual MDS assessment, dated 1/6/25, indicted the resident had severe cognitive impairment and displayed behavioral symptoms directed towards others.</p> <p>Resident D's physician orders included, but were not limited to, behavioral monitoring every shift (started 2/21/24).</p> <p>Resident D's care plan included, but was not limited to, resident is at high risk for wandering</p> | | | | | | |

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| F 0744 SS=D Bldg. 00 | <p>due to dementia with behaviors (initiated 3/18/24), resident is at risk for decline in mood due to depression (initiated 2/14/24). An intervention included monitor for effectiveness of medications and interventions.</p> <p>Resident D's CNA charting indicated, on 1/21/25 at 7:33 A.M., Resident D was sad / tearful.</p> <p>Resident D's Treatment Administration Record (TAR) for January 2025, indicated the resident behavioral monitoring had been completed with the resident having no behaviors during the month of January, 2025.</p> <p>Resident D's nurse's notes contained no documentation of Resident D's behavior on the night of 1/14/25 or the resident's sadness / tearfulness on 1/21/25.</p> <p>During an interview on 2/4/25 at 1:20 P.M., LPN 11 indicated that if a resident is displaying a behavior, nursing staff should document the behavior in the resident's clinical record.</p> <p>During an interview on 2/5/25 at 12:15 P.M., the DON indicated that the facility did not have policy related to staffing.</p> <p>This citation relates to complaint IN00452251.</p> <p>3.1-17(a) 3.1-17(c)(5)</p> <p>483.40(b)(3) Treatment/Service for Dementia</p> <p>Based on interview, and record review, the facility failed to provide necessary treatment and services for 2 of 3 residents reviewed for dementia care.</p> | | | F 0744 | p="" paraid="70382445" paraeid="{f7e118c0-a990-4882-b35 2-527deb2eb41a}{6}">F 744 It is | | 02/25/2025 |

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| | <p>Resident behaviors were not monitored and known behaviors were not documented by nursing staff. (Resident C, Resident D)</p> <p>Findings include:</p> <p>1. During an interview on 2/4/25 at 9:55 A.M. CNA 5 indicated that she had to watch Resident C because he liked to joke around on the dementia unit and the other residents did not realize he was joking.</p> <p>Resident C's diagnoses included, but were not limited to, Alzheimer's disease, vascular dementia with mood disturbance, cognitive communication deficit, and anxiety.</p> <p>Resident C's most recent quarterly Minimum Data Set (MDS), dated 12/12/24, indicated the resident had severe cognitive impairment, and wandered daily.</p> <p>Resident C's physician orders included, but were not limited to, behavioral monitoring every shift for depression, withdrawn, anxiety, pacing (started 8/23/24), reside on secure unit due to Alzheimer's dementia (started 9/25/24), and cimetidine 300 milligrams (mg) one time a day for sexual behaviors (ordered 1/21/25).</p> <p>Resident C's care plan included, but was not limited to, resident demonstrates verbal inappropriate sexual comments due to dementia (initiated 1/21/25). One intervention was created prior to development of the care plan that included, redirect resident to room and offer toileting when making sexual comments (initiated 1/15/25).</p> <p>Resident C's CNA charting from 1/6/25 to 2/4/25</p> | | | | <p>the policy of the facility to ensure are documented. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The DON/Designee assessed resident C and D on 2-5-2025, no negative outcome. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. The DON/Designee and audit of resident's behavior monitoring orders and updated with care planned behaviors on 2-5-2025 What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not reoccur? The DON/Designee completed an in-service with staff on notifying of behaviors on 2-13-2025. The DON/Designee completed an in-service with nursing staff on monitoring and documentation behaviors on 2-13-2025. Additionally, any employee who fails to comply with the points of the in-service may be further educated and/or progressively disciplined as indicated. How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place. The DON/Designee will monitor documentation for residents on the</p> | | |

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| | <p>indicated Resident C had the following behaviors on the following dates:</p> <p>1/21/25 at 5:59 A.M. - Resident was physically aggressive towards others, expressed frustration / anger at others, and displayed public sexual acts (no specific sexual acts documented).</p> <p>1/27/25 at 4:28 A.M. - Resident displayed public sexual acts (no specific sexual acts documented), was anxious / restless, and was wandering.</p> <p>2/2/25 at 11:01 A.M. - Resident displayed public sexual acts(no specific sexual acts documented)</p> <p>A facility investigation "timeline", signed by the Facility Administrator and Director of Nursing (DON) and dated 1/15/25 indicated, on 1/15/25 the DON was told by CNA 5 that Resident C was demonstrating sexually inappropriate behaviors the night prior. The DON questioned the MDS nurse, who had been the charge nurse for the building during the night of 1/14/25, about Resident C's behavior. The MDS nurse indicated that the CNA on the Memory Springs locked dementia unit had informed her that Resident C was making sexually inappropriate comments to staff during the night shift.</p> <p>Resident C's nurse's notes contained no documentation of sexually inappropriate behaviors on 1/14/25, 1/15/25, 1/21/25, 1/27/25, or 2/2/25.</p> <p>2. On 2/4/25 at 12:00 P.M., a review of a facility investigation "timeline", signed by the Facility Administrator and Director of Nursing (DON) and dated 1/15/25 indicated, on 1/14/25 the MDS nurse was called to the Memory Springs locked dementia unit at 8:16 P.M.</p> <p>, to assist in locating Resident D after the CNA assigned to the unit could not locate the resident. Resident D was found in another resident's room,</p> | | | | <p>dementia unit 5 times a week x 4 weeks, then 3 times a week x 4 weeks, then once a week x 4 months. The DON/Designee will interview 5 random staff members on the dementia unit for new behaviors weekly x 4 weeks, then 3 random staff members weekly x 4 weeks, then 3 random staff members monthly x 4 months. 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 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. Date of compliance 2-25-2025</p> | | |

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| | <p>in their bed, asleep with the resident.</p> <p>Resident D's diagnoses included, but were not limited to, altered mental status, dementia with behavioral disturbances and psychotic disturbances, and Alzheimer's disease.</p> <p>Resident D's most recent annual MDS assessment, dated 1/6/25, indicted the resident had severe cognitive impairment and displayed behavioral symptoms directed towards others.</p> <p>Resident D's physician orders included, but were not limited to, behavioral monitoring every shift (started 2/21/24).</p> <p>Resident D's care plan included, but was not limited to, resident is at high risk for wandering due to dementia with behaviors (initiated 3/18/24), resident is at risk for decline in mood due to depression (initiated 2/14/24). An intervention included monitor for effectiveness of medications and interventions.</p> <p>Resident D's CNA charting indicated, on 1/21/25 at 7:33 A.M., Resident D was sad / tearful.</p> <p>Resident D's Treatment Administration Record (TAR) for January 2025, indicated the resident behavioral monitoring had been completed with the resident having no behaviors during the month of January, 2025.</p> <p>Resident D's nurse's notes contained no documentation of Resident D's behavior on the night of 1/14/25 or the resident's sadness / tearfulness on 1/21/25.</p> <p>During an interview on 2/4/25 at 1:20 P.M., LPN 11 indicated that if a resident is displaying a</p> | | | | | | |

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| NAME OF PROVIDER OR SUPPLIER WATERS OF HUNTINGBURG, THE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1712 LELAND DR HUNTINGBURG, IN 47542 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCY (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 |
| | <p>behavior, nursing staff should document the behavior in the resident's clinical record.</p> <p>On 2/5/25 at 12:30 P.M., the DON supplied a facility policy titled, Guidelines for Handling and Addressing Behavioral Emergencies, dated 3/18/23. The policy included, "Assess whether the anger/acting out is related to... dementia... Look for: ...4. A change in behavior - Notify medical staff for evaluation... B. Immediate Approaches... 7. Any interventions implemented for behavior control will be monitored by nursing staff and/or SSD (Social Service Director) daily until the behavior is considered to be managed... 11. Every resident behavior will be assessed and addressed individually... C. Documentation 1. Record specifics related to the behavior incident(s). Include time, place, duration, actions observed by the resident, statements or vocalizations made by the resident, possible causative factors, persons involved other than the resident, witnesses, behavior intensity, interventions, notifications, orders received and resolutions..."</p> <p>This citation relates to complaint IN00452251.</p> <p>3.1-37(a)</p> | | | | | | |