

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

PRINTED: 12/20/2024

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 10/04/2024	
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 IN00443645 and IN00442048.</p> <p>Complaint IN00443645- Federal/state deficiencies related to the allegations are cited at F686.</p> <p>Complaint IN00442048- Federal/state deficiencies related to the allegations are cited at F686.</p> <p>Survey date: October 4, 2024</p> <p>Facility number: 000020 Provider number: 155059 AIM number: 100288690</p> <p>Census Bed Type: SNF/NF: 52 Total: 52</p> <p>Census Payor Type: Medicare: 5 Medicaid: 40 Other: 7 Total: 52</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed October 11, 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 (10-24-2024). The facility is respectfully requesting paper compliance for all deficiencies in this POC</p>		
F 0686 SS=D Bldg. 00	<p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>Based on record review and interview, the facility failed to provide weekly skin assessments for a resident identified at risk for skin breakdown according to their plan of care for 1 of 3 residents</p>			F 0686	<p>It is the intent of this facility to provide weekly skin assessment for residents.</p> <p>1.The DON/Designee completed a</p>		10/24/2024

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 30 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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	<p>assessed for pressure injury. (Resident D)</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 10/4/24 at 7:47 a.m. Diagnoses included depression, dementia, anxiety, hypothyroidism, delusions, hypertension, insomnia, and hypoglycemia.</p> <p>Review of the clinical record indicated Resident D had not received a skin assessment since 3/10/24.</p> <p>The most recent quarterly Minimum Data Set (MDS) assessment, dated 7/3/24, indicated the resident was at risk for pressure ulcers, required a wheelchair; required partial to moderate assistance for transfers and repositioning.</p> <p>A current care plan, dated 11/10/23, indicated the resident was at risk for skin breakdown due to incontinence, requiring help with bed mobility and toileting hygiene. Interventions included, but were not limited to skin assessments at least weekly by a nurse, dated 11/10/23.</p> <p>During an interview on 10/4/24 at 9:23 a.m., the Assistant Director of Nursing and the MDS Coordinator both indicated Resident D should of had weekly skin assessments as part of standard care and facility policy.</p> <p>A recent policy, dated 5/28/23, titled "Guidelines for Skin Observation/Assessment (Shower/Baths) was provided by the ADON on 10/4/24 at 9:46 a.m. The policy indicated the following: " Procedure: 3.) Nurses will do skin assessments at least weekly (or as indicated). Oftentimes, this can be done more efficiently and to the benefit of the</p>				<p>weekly skin assessment on Resident D on October 4, 2024.</p> <p>2.The DON/Designee completed an audit of weekly skin assessment and completed as needed on 10/4/2024.</p> <p>3.The DON/Designee in-serviced nursing staff on completing weekly skin assessments in the EMR. 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>4.The DON/Designee will audit completion of weekly skin assessments on 10 random residents weekly x 4 weeks, then 5 random residents weekly x 4 weeks, then 3 random residents weekly x 4 week, then 3 random residents monthly x 3 months. If 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.</p> <p>Date of Compliance: 10/24/24</p>		

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	resident if skin assessments done during the shower/bath time." This citation relates to Complaints IN00443645 and IN00442048. 3.1-40 (a)(2)						