STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155233	A. BUILDING 00 B. WING	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WATERS OF BATESVILLE, THE	958 E HWY 46 BATESVILLE, IN 47006

(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	This visit was for the Investigation of Complaints IN00413257, IN00415607, IN00416922 and IN00417276. Complaint IN00413257 - Federal/State deficiency related to the allegation is cited at F755. Complaint IN00415607 - No deficiencies related to the allegations are cited. Complaint IN00416922 - Federal/State deficiencies related to the allegations are cited at F684 and F690. Complaint IN00417276 - No deficiencies related to the allegations are cited. Survey dates: September 12, 14, and 15, 2023 Facility number: 000138 Provider number: 155233 AIM number: 100266500 Census Bed Type: SNF/NF: 60 Total: 60 Census Payor Type: Medicare: 6 Medicaid: 45 Other: 9 Total: 60 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review competed on September 19, 2023.	F 0000	Deficiency ID: F _ 0000 Completion Date: September 15, 2023 Plan of Correction Text: 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 October 12, 2023. **Facility is respectfully requesting paper compliance for all deficiencies in this POC.**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jalena Ball	Administrator	10/05/2023

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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F 0684 SS=D 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 clarify the physician's order and administer wound treatments for 1 of 3 residents reviewed for skin impairments. (Resident J) Findings include: The clinical record for Resident J was reviewed on 09/14/23 at 2:00 P.M. An Admission MDS (Minimum Data Set) assessment, dated 08/18/23, indicated the resident was admitted to the facility from an acute hospital on 08/12/23. The resident was cognitively intact. The diagnoses included, but were not limited to, diabetes and peripheral vascular disease. The resident had a recent amputation of their right leg above the knee. The physician's order for the resident's treatment of the surgical wound from the discharging hospital indicated the wound dressing was to be changed daily. The wound was to be cleansed with saline and gauze. Saline soaked gauze was to be packed into the wound. Alginate (a type of wound dressing), an absorbent pad, and gauze wrap were to be applied to the wound. If the wound was too wet, the wound was to be packed with alginate.	F 0684	**F-684 Quality of Care** It is the policy of the facility to ensure that residents receive treatment and care in accordance with professional standards of practice. Resident J no longer resides at the facility. Residents who reside in the facility have the potential to be affected by this finding. A facility wide skin sweeps, and audit of treatment orders was completed on October 1, 2023. Any changes or corrections were addressed and changed as indicated. DON/Designee will monitor Admissions and documentation for wound assessments for 10 residents weekly for a period of 4 weeks. The tool will then be used for 5 residents weekly for 4 weeks, then weekly for 1 resident ongoing	10/12/2023

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	A Nursing Progress Note, dated 08/13/23 at 12:17 A.M., indicated the resident was resting in bed. The resident's right above the knee amputation was clean and dry. There was no dressing intact. There were no complaints of pain or signs of infection. A facility "Admission Skin Assessment", dated 08/13/23 at 2:19 A.M., indicated the resident had an AKA (above the knee amputation) of the right leg. The wound measured 20 cm (centimeters) x 0.2 cm. The assessment lacked any further documentation regarding the wound, including the number of sutures present. The resident's August 2023 ETAR (Electronic Treatment Administration Record) included, but was not limited to, the following physician's orders: - An order, with a start date of 08/14/23 and a discontinued date of 08/22/23, to cleanse the area with a wound cleanser and leave the wound open to air every shift (twice a day) for the right AKA. Monitor for signs of infection. The ETAR lacked documentation the wound treatment was administered on 08/14/23, and on day shift on 08/15/23. A progress note, dated Tuesday, 08/15/23 at 12:32 P.M., indicated a call was placed and a message was left at the vascular center for a return call regarding wound care. The Wound NP (Nurse Practitioner) assessed the resident's wound on 8/17/2023. The assessment indicated the wound measured 25 cm x 1.5 cm. 50 to 74% of the wound was covered in eschar (dead tissue). There were 24 visible sutures, but some		for a period of no less than 4 months. If facility is within 95 % compliance at the end of 6 months; then monitoring can be stopped. At an in-service held by the Administrator/Designee on 9/14/23 for all nursing staff the following was reviewed: 1. Tx Orders Written Same Day Wound is Noted. 2. Transcribing Orders Correctly. 3. Physician Orders. 4. Policy and Procedure Surgical Wounds. Any staff who fail to comply with the points of the in-service will be further educated and or progressively disciplined as indicated. At the monthly QAPI meeting, the monitoring of the DON/Designee 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. **DOC: 10-12-2023**	

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	may have been covered in eschar. The skin near the lateral aspect of the wound was light purple in color. There was a scant amount of serosanguinous (pale red to pink, thin and watery) drainage. The Wound NP recommended the resident follow up with the vascular surgeon "ASAP" for close monitoring of the wound. On 09/15/23 at 12:30 P.M., the Administrator provided a statement taken by the ADON (Assistant Director of Nursing) during a telephone interview from LPN (Licensed Practical Nurse) 2 on 09/05/23. The statement indicated LPN 2 was the nurse that admitted Resident J to the facility. The wound care orders needed to be clarified, and she did not receive a call back from the MD on her shift. During an interview on 09/15/23 at 2:37 P.M., the DON indicated LPN 2 asked for clarification on the wound treatment orders from the hospital but it didn't seem to get passed on to the day shift nurse. The day shift nurse didn't know she needed clarification on the orders. The resident was admitted to the facility on the weekend, and when they came in on Monday, they called and got clarification on the orders. The current, undated facility policy, titled "PHYSICIANS ORDERS--(FOLLOWING PHYSICIAN ORDERS) was provided by the Administrator on 09/15/23 at 2:00 P.M. The policy indicated, "...Orders that accompany the resident on admission will be clarified by the physician through action of the nurse who will contact the physician for clarification upon the resident's admission..." The current, undated facility policy, titled "Policy and Procedure Surgical Wounds" was provided			

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	by the Administrator on 09/15/23 at 2:00 P.M. The policy indicated, "...To ensure that a resident with a surgical wound has appropriate assessment and treatment...if sutures or staples are present the number should be documented in the medical record...Upon identification of the change of the resident's surgical wound the nurse will conduct an assessment of the resident utilizing the SBAR assessment form..." This Federal tag relates to Complaint IN00416922 3.1-37(a)			
F 0690 SS=D Bldg. 00	483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder			

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	receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. Based on record review and interview, the facility failed to obtain a urinalysis in a timely manner for a resident with signs and symptoms of a urinary tract infection for 1 of 3 residents reviewed for urinary tract infections. (Resident E) Findings include: A Nursing Progress Note, dated 02/12/23 at 6:10 A.M., indicated the resident's blood sugar was elevated and the resident had not eaten or drank anything on the 10:00 P.M. to 6:00 A.M. shift. The resident's "urine is like light brown sludge". Will pass information on to day shift. A Nursing Progress Note, dated 02/13/23 at 9:54 A.M., indicated the MD was updated on the resident's urine and sediment. A new order was given, and the responsible party was updated. A Nursing Progress Note, dated 02/17/23 at 1:03 P.M., indicated the resident's urine was obtained as ordered for a UA (urinalysis) and was sent to the local hospital lab by courier. A Nursing Progress Note, dated 02/18/23 at 2:15 A.M., indicated there were no results from the hospital on the resident's UA at that time.	F 0690	**F 690 Bowel Bladder incontinence, catheter, UTI** It is the policy of this facility to ensure that labs are obtained as ordered, document clinical signs of urinary tract infections and obtaining a urine sample prior to administering an antibiotic. What corrective actions will be accomplished for those residents found to be affected by the deficient practice: Resident E no longer resides at the facility. How other residents having the potential to be affected by the same deficient practices will be identified and what corrective action will be taken: All Residents receiving an antibiotic for a urinary trat infection have the potential to be affected by this deficient practice, an audit was completed by the IP nurse for residents currently on antibiotics for urinary tract infections and completion of Urinalysis on _09/20/2023_. What measures will be put in	10/12/2023

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	A Nursing Progress Note, dated 02/21/23 at 6:38 P.M., indicated the resident's UA results were received and the MD was updated. A new order was received for Augmentin (an antibiotic) 875 mg (milligrams) twice a day for seven days. The resident's family and the DON (Director of Nursing) were updated. During an interview on 09/14/23 at 2:29 P.M., LPN (Licensed Practical Nurse) 4 indicated if a resident was suspected to have a UTI (urinary tract infection), nursing staff were to call the MD and get an order for a UA. After the sample was obtained, they would call the hospital lab and let them know to pick up the sample. They would come the same day, usually within a few hours. The initial test results were faxed to the facility. The culture and sensitivity results would take another day or two, and then they would be faxed to the facility. The nurse would call the MD with the results. If an antibiotic was ordered, the order would be entered into the computer. The pharmacy would see the order when the nurses put it in the computer. The medication would usually be delivered with the next pharmacy delivery, but a lot of medications were in the Cubex (the automated drug dispensing system) in the facility, and they could pull the medication from there. During an interview on 09/15/23 at 10:21 A.M., LPN 3 indicated if a resident had signs or symptoms of a UTI, you would call the MD and get an order for a UA. The sample should be obtained the same day. This resident had an indwelling urinary catheter. The catheter would need to be changed and then the sample would be obtained. The hospital had a courier that picked up the samples during the day. If the courier wasn't available, facility staff could take the		place and what systemic changes will be made to ensure that deficient practice: The DON/Designee in-serviced nursing staff on the policy Antibiotic Prescribing Guidelines on 09/14/2023. Additionally, any staff that fails to comply with the points of this in-service will be further educated/disciplines as indicated. How the corrective actions will be monitored to ensure the deficient practices will not recur: IP nurse or designee will audit new antibiotic orders 5 x a week x 4 weeks, then 3 x a week for 4 weeks, then weekly x 4 months for clinically indicated signs and symptoms and completion of urinalysis. If the facility is with 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 meetings. 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. **DOC: 10-12-2023**	

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	sample to the hospital laboratory. Resident E's urinalysis results indicated the urine sample was collected on 02/17/23 at 2:09 P.M. (five days after symptoms). The preliminary report, dated 02/18/23 at 9:11 A.M., indicated the sample contained 50,000 cfu/ml (colony forming unit per milliliter) of Proteus mirabilis (a bacteria). The susceptibility results were to follow. The final report that included the list of antibiotics the bacteria were susceptible to was finalized on 02/19/23 at 6:50 A.M. and faxed to the facility. During an interview on 09/15/23 at 2:45 P.M., the Administrator indicated the facility did not have a policy specific to obtaining a urinalysis. There was a policy related to following MD orders. The current, undated facility policy, titled "PHYSICIANS ORDERS--(FOLLOWING PHYSICIAN ORDERS) was provided by the Administrator on 09/15/23 at 2:00 P.M. The policy indicated, "...It is the policy of the facility to follow the orders of the physician..." This Federal tag relates to Complaint IN00416922. 3.1-41(2)			
F 0755 SS=D Bldg. 00	483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.			

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	§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Based on record review and interview, the facility failed to ensure medications were available for administration and follow physician's orders for 1 of 4 residents reviewed for medications. (Resident C) Findings include: An Admission MDS (Minimum Data Set) assessment, dated 07/12/23, indicated the resident was admitted to the facility from a hospital on 07/07/23. The resident was cognitively intact. The diagnoses included, but were not limited to, diabetes, bipolar disorder, and enterocolitis due to Clostridium difficile (C.diff, a bacteria).	F 0755	**F755 Pharmacy Srvcs/Procedures/Pharmacist/Records** It is the policy of this facility to provide routine and emergency drugs and biological to its residents or to obtain them from the contracted pharmacy. Resident C no longer resides at the facility. How other residents having the potential to be affected by the same deficient practices will be identified and what corrective	10/12/2023

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	The resident's July 2023 EMAR (Electronic Medication Administration Record) was reviewed on 09/12/23 at 2:00 P.M. The EMAR indicated the resident had a physician's order, with a start date of 07/07/23, for vancomycin (an antibiotic) oral solution, 25 mg/ml (milligrams per milliliter). Give 5 ml by mouth four times a day for infection for 7 days. The first dose of the medication was scheduled to be administered on 07/07/23 at 8:00 P.M., with subsequent doses scheduled at 8:00 A.M., 12:00 P.M., 4:00 P.M., and 8:00 P.M. for the next seven days. The resident's EMAR indicated the following: - On 07/07/23 the medication was not administered at 8:00 P.M., - On 07/08/23 the medication was administered at 8:00 A.M., and not administered at 12:00 P.M., 4:00 P.M., and 8:00 P.M., and - On 07/09/23 the medication was administered at 8:00 A.M., not administered at 12:00 P.M., administered at 4:00 P.M., and not administered at 8:00 P.M. An EMAR Medication Administration note, with an effective date of 07/08/23 at 6:54 P.M., indicated the vancomycin medication was not available. An EMAR Medication Administration note, with an effective date of 07/08/23 at 6:57 P.M., indicated the vancomycin was unavailable. An EMAR Medication Administration note, with		action will be taken: All Residents receiving an antibiotic, or an anti-anxiety medication have the potential to be affected by this deficient practice, an audit was completed by the DON/Designee for residents currently on an antibiotic or an anti-anxiety on____09/20/2023_____ . The DON/Designee educated the Licensed Nursing staff and Qualified Medication Assistances will be educated on the policy Ordering Medications on ___09/14/2023__. Additionally, any employee who fails to comply with the points of the in-service may be further educated and/or progressively disciplined as indicated. An audit of all residents was completed for medication availability and unavailable medications were corrected. The Director of Nursing or Designee will utilize QA tool entitled “F755 Pharmacy Services”. This monitoring tool will be utilized for 10 random residents for administration of medications and availability 5 days a week for four weeks, then 5 random residents 3 days a week for four weeks, then 3 random residents once a week for four months. Any concerns will be immediately addressed and corrected. If the facility is within 95% compliance at the end of 6 months, the	

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	an effective date of 07/08/23 at 9:50 P.M., related to the vancomycin indicated "awaiting delivery". An EMAR Medication Administration note, with an effective date of 07/09/23 at 3:34 P.M., related to the vancomycin indicated the nurse spoke to someone at the pharmacy and the medication would be delivered that evening. The MD was made aware. An EMAR Medication Administration note, with an effective date of 07/10/23 at 3:34 P.M., related to the vancomycin indicated they were waiting on the pharmacy to deliver the medication, the pharmacy was aware of the need. During an interview on 09/15/23 at 1:19 P.M., the ADON (Assistant Director of Nursing) indicated the times on the EMAR that she indicated the medication was administered on 07/08/23 and 07/09/23 were mistakes. She was the nurse that documented the medication administration, and she did not administer the antibiotic because it was not available. She did request the medication from the pharmacy (as indicated in the resident's EMAR notes). The pharmacy staff delivered medications to the facility twice a day. There have been problems getting medications timely. Further review of the EMAR considering the three times the medication was documented as administered when it wasn't indicated the resident missed 9 doses of the medication. During an interview on 09/15/23 at 1:46 P.M., the Administrator and DON (Director of Nursing) indicated they did find a bottle of vancomycin in the resident's drawer, but they were not aware of when the medication came into the facility. They usually did an inventory of items when a resident		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. **DOC: 10-12-2023**	

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	arrived at the facility. This resident had family that came in and out and they weren't sure when the medication was brought into the facility, and it hadn't been refrigerated so they couldn't use it. The facility documentation lacked an inventory of personal items for Resident C. Resident C's physician's orders included an order, with a start date of 07/07/23, for Xanax (a medication used to treat anxiety and panic disorders), 0.5 mg by mouth as needed everyday for anxiety. The order was put on "hold" from 07/11/23 until 07/12/23 when it was discontinued. The resident had not received the as needed medication since his admission to the facility. A Physician's Progress Note, dated 07/11/23 at 6:31 P.M., indicated the resident's bipolar disorder was stable on medications. The MD ordered a decrease in the resident's Xanax from 0.5 mg by mouth daily PRN (as needed) for 14 days to 0.25 mg by mouth daily as needed for 14 days. A physician's order, with a start date of 07/12/23, and an end date of 07/19/23 was entered into the resident's record for Xanax 0.25 mg. Give 0.25 mg by mouth one time a day for anxiety for 14 days. The medication was scheduled to be administered daily at 11:00 A.M. Documentation in the resident's EMAR indicated the medication was not administered on 07/12/23, 07/13/23, and 07/14/23. An EMAR Medication Administration note, with an effective date of 07/12/23 at 11:38 A.M., indicated the Xanax medication was on order. An EMAR Medication Administration note, with an effective date of 07/13/23 at 10:38 A.M., indicated the Xanax medication was not available.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155233	A. BUILDING 00 B. WING	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WATERS OF BATESVILLE, THE	958 E HWY 46 BATESVILLE, IN 47006

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	An EMAR Medication Administration note, with an effective date of 07/14/23 at 13:57 A.M., indicated the facility was waiting on delivery of the medication. The pharmacy was called, and the medication would arrive that night. The MD was aware. The resident's EMAR indicated the resident received the Xanax 0.25 mg routinely on 07/15/23, 07/16/23, and 07/17/23. The resident refused the medication on 07/18/23, and the order was changed from routine administration to as needed on 07/19/23. The current facility policy, titled "1.6 PHARMACY HOURS AND DELIVERY SCHEDULE", and dated February 2017, was provided by the Administrator on 09/15/23 at 12:31 P.M. The policy indicated, "...[the pharmacy] is open 24 hours/365 days a year. New orders and refill requests may be faxed or sent electronically at any time...New orders communicated to the...Pharmacy after the cut off time will automatically go into the next regular delivery for the facility...An emergency delivery can be requested by sending the order to the...Pharmacy, contact the pharmacy by phone to alert them you sent a STAT order..." The current, undated facility policy, titled "PHYSICIANS ORDERS--(FOLLOWING PHYSICIAN ORDERS) was provided by the Administrator on 09/15/23 at 2:00 P.M. The policy indicated, "...It is the policy of the facility to follow the orders of the physician..." This Federal tag relates to Complaint IN00413257. 3.1-25(a)			

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