

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

PRINTED: 03/28/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155262		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/28/2025	
NAME OF PROVIDER OR SUPPLIER WATERS OF SULLIVAN NURSING FACILITY, THE				STREET ADDRESS, CITY, STATE, ZIP COD 505 W WOLFE ST SULLIVAN, IN 47882			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00449803, IN00452651, IN00454291, and IN00447096.</p> <p>Complaint IN00449803 - Federal/state deficiencies related to the allegations are cited at F755.</p> <p>Complaint IN00452651 - Federal/state deficiencies related to the allegations are cited at F804.</p> <p>Complaint IN00454291 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00447096 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 26, 27, and 28, 2025.</p> <p>Facility number: 000163 Provider number: 155262 AIM number: 100291380</p> <p>Census Bed Type: SNF: 9 SNF/NF: 44 Total: 53</p> <p>Census Payor Type: Medicare: 10 Medicaid: 30 Other: 13 Total: 53</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 6, 2025.</p>			F 0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action, does not consititute an admission by this facility of the facts allegaed 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 March 21, 2025. The facility respectfully requests paper compliance for all deficiencies in this Plan of Correction.</p>		

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

TITLE

(X6) DATE

Sally Robertson

Administrator

03/20/2025

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 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 0755 SS=D Bldg. 00	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records</p> <p>Based on record review and interview, the facility failed to ensure medications were obtained and administered in a timely manner after a resident was admitted to the facility for 1 of 3 residents reviewed for pharmaceutical services (Resident D).</p> <p>Findings include:</p> <p>Resident D's record was reviewed on 2/27/25 at 2:24 p.m.</p> <p>A Progress Note, dated 12/16/24, indicated the resident was admitted to the facility at 7:32 p.m.</p> <p>Diagnoses on the resident's profile included, but were not limited to, encounter for other specified surgical aftercare and type two diabetes mellitus without complications.</p> <p>A 5-day Minimum Data Set (MDS) Assessment, dated 12/18/24, indicated the resident was cognitively intact.</p> <p>A Physician's Order, start date 12/16/24, indicated enoxaparin (anticoagulant) injection prefilled syringe, 100 milligrams (mg)/milliliters (ml), inject 1 pre-filled syringe subcutaneously (fatty layer underneath skin) (SQ) twice daily for preventative.</p> <p>A Medication Administration Record (MAR), dated 12/16/24 and 12/17/24, indicated the enoxaparin injection was scheduled to be administered, on 12/16/24 at 9:00 p.m. and 12/17/24 at 9:00 a.m., but was not administered. The reason the medication was not administered indicated "other/see nurse's notes."</p>			F 0755	<p>It is the intent of this facility to provide routine, emergency, and biological drugs to its residents or to obtain them from the contracted pharmacy.</p> <p>1 What corrective actions will be accomplished for those residents found to have been affected by the deficient practice; It is the policy of this facility to ensure that all residents who reside in the facility receive their medications in a safe and timely manner. Resident D no longer resides in the facility.</p> <p>2 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken; All residents have the potential to be affected.</p> <p>3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>All All nurses and QMA's will be educated on the policy "Ordering Medications" by 3/3/25. Additionally, any employee who fails to comply with the points of the in-service may be further educated and/or progressively disciplined as indicated. A 100% audit of all residents was completed for the medication availability and unavailable</p>		03/21/2025

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	<p>Progress Notes, dated 12/16/24 and 12/17/24, lacked documentation regarding the enoxaparin injection.</p> <p>A Physician's Order, start date 12/16/24, indicated Humalog (short-acting insulin) 28 units (u)/ml SQ three times daily before meals.</p> <p>A MAR, dated 12/17/24, indicated the Humalog was scheduled to be administered, on 12/17/24 at 7:30 a.m., but was not. The reason the medication was not administered indicated "other/see nurse's notes."</p> <p>A Progress Note, dated 12/17/24 at 11:01 a.m., indicated the Humalog was not available in the Emergency Drug Kit (EDK).</p> <p>A Physician's Order, start date 12/17/24 indicated Lantus (long-acting insulin) 100 u/ml, inject 60 u SQ once daily for diabetes mellitus.</p> <p>A MAR, dated 12/17/24, indicated the Lantus was scheduled to be administered, on 12/17/24 at 9:00 a.m., but was not administered. The reason the medication was not administered indicated "other/see nurse's notes."</p> <p>A Progress Note, dated 12/17/24 at 11:02 a.m., indicated the Lantus was not available in the EDK.</p> <p>A care plan, initiated on 12/17/24, indicated the resident received anticoagulant therapy. Interventions included, but were not limited to, administer medications as ordered.</p> <p>A care plan, initiated on 12/17/24, indicated the resident had diabetes with the potential for hyper and hyopglycemia. Interventions included, but</p>				<p>medications were corrected.</p> <p>4 How the corrective actions will be monitored to ensure the deficient practice will not recur; The DON/designee will complete a medication availability audit on 5 residents a day for 5 days x4 weeks, then 3 residents a day for 3 days x4weeks, then 3 residents a day for 1 day x4 months. Any concerns will be immediately addressed and corrected. 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>5 By what date the systemic changes for each deficiency will be completed; This plan of correction constitutes our credible allegation on compliance with all regulatory requirements. Our date of compliance is March 21, 2025.</p>		

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	<p>were not limited to, administer medications as ordered.</p> <p>An EDK inventory list, dated 2/28/25, indicated two enoxaparin 40 mg/0.4 ml syringes, two enoxaparin 60 mg/0.6 ml syringes, two vials of Humalog 100 u/ml, and one vial of Lantus were included in the EDK.</p> <p>During an interview, on 2/28/25 at 10:59 a.m., the Director of Nursing (DON) indicated if residents did not arrive to the facility with medications, then the staff should have pulled the available medications from the EDK. The EDK was re-stocked with the regular pharmacy runs, but she was not sure if this occurred daily. The pharmacy was automatically notified the EDK needed re-filled when medications were removed. The facility's pharmacy delivered medications to the facility twice daily, in the morning and evening. They were also able to order medications from a local pharmacy if needed.</p> <p>During an interview on 2/28/25 at 11:32 a.m., the DON indicated Humalog and Lantus were normally in the EDK, but they were out of stock on 12/17/24. The doses of enoxaparin injections were lower than what was ordered for the resident. She was not sure if the nurse should have checked with the physician to see if a lower dose could have been administered or if both the 60 mg and 40 mg doses, available in the EDK, could have been administered together to equal 100 mg.</p> <p>On 2/28/25 at 12:00 p.m., the DON provided a document titled, "1.6: Pharmacy Hours and Delivery Schedule," dated March 2023, and indicated it was the policy currently being used by the facility. The policy indicated, "[Pharmacy name] is open 24 hours/365 days a year...New</p>						

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F 0804 SS=D Bldg. 00	<p>orders communicated...after the cut-off time will automatically go into the next regular delivery for the facility. Routine deliveries are made to the facility in accordance with the established time frames for each facility. The medication therapy should be initiated promptly if the new order is a medication contained in the facility convenience box or emergency box supply. If the resident is clinically unstable or the resident is in need of medication as a STAT [immediate] order, the medication should be started from the emergency dispensing kit if applicable, and/or an emergency delivery must be requested...."</p> <p>This citation relates to complaint IN00449803.</p> <p>3.1-25(a)</p> <p>483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp</p> <p>Based on interview, observation, and record review, the facility failed to ensure food was served at a safe and appetizing temperature for 3 of 3 resident's reviewed for dietary services (Residents C, B, and G).</p> <p>Findings include:</p> <p>1. During an interview, on 2/26/25 at 11:40 a.m., Resident C indicated the food was always cold and not good. He ate all meals in his room.</p> <p>During an observation, on 2/27/25 at 12:13 p.m., the tray cart arrived to east wing with the Dietary Manager. The trays in the cart had plates directly on the tray with no warmer. They were covered with a plastic cover. The cart was metal and unheated. At the same time, the Dietary Manager indicated she planned to check the temperature of</p>			F 0804	<p>It is the intent of this facility to ensure food is served at a safe and appetizing temperature. What corrective actions will be accomplished for those residents found to be affected by the deficient practice: Residents C, B and G were assessed and not negatively affected related to the alleged deficient practice on 2/28/25 by the DON/Designee. 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 who reside in the</p>		03/21/2025

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	<p>the food on the last resident's meal tray. She had not understood an extra tray was necessary. She returned to the kitchen to retrieve an extra tray.</p> <p>During an observation, on 2/27/25 at 12:16 p.m., the Dietary Manager returned to the hall with the test tray and placed it on the cart.</p> <p>During an observation, on 2/27/25 at 12:25 p.m., the staff on the unit finished passing the meal trays. The Dietary Manager checked the temperature of the food on the test tray and indicated the barbeque sandwich meat was 107.3 degrees Fahrenheit (F), and the baked beans were 117.4 degrees F. The meat was observed to be bright red and not a natural food color. At the same time, the Dietary Manager indicated there were warming pieces to set the plates on, but there was not enough for all the trays. Most of the residents wanted to eat their meals in their rooms so there were not enough of the warming pieces. None of the trays on the east wing had the warming pieces in place for the lunch service. There had been some complaints today about the barbeque sauce being really red. The food should have been 130 degrees when it was served to the residents.</p> <p>Resident C's record was reviewed on 2/28/25 at 11:07 a.m. A quarterly Minimum Data Set (MDS) assessment, dated 1/4/25, indicated the resident was cognitively intact.</p> <p>A Physician's Order, dated 10/22/24, indicated the resident received a consistent carbohydrate diet.</p> <p>2. During an interview, on 2/26/25 at 11:56 a.m., Resident B's family member indicated the resident had not been eating very well because the food was not good. The resident ate meals in her room.</p>				<p>facility have the potential to be affected by the cited practice, therefore, this plan of correction applies to all residents that reside in the facility.</p> <p>What measures will be put in place and what systemic changes will be made to ensure that deficient practice does not recur.</p> <p>The Dietary Manager/Designee in-serviced dietary staff on monitoring food temperature on Wednesday, 3/19/25. Additionally, any staff member that fails to comply with the points of this in- service will be further educated and/or disciplined as indicated.</p> <p>How the corrective actions will be monitored to ensure the deficient practices will not recur:</p> <p>The Dietary Manager/Designee will monitor food temperatures for proper temperature daily for a random meal service services and trays served on hallways 5 times a week x 4 weeks, then 3 times a week x 4 weeks, then once a week for 4 weeks, then once a month x 3 months. If the facility is 95% compliance at the end of 6 months, then monitoring can be stopped. Results of the monitoring will be reviewed at</p>		

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	<p>Resident B's record was reviewed on 2/26/25 at 2:21 p.m. A Brief Interview for Mental Status (BIMS) (cognition assessment), dated 2/12/25, indicated the resident had a moderate cognitive impairment.</p> <p>A Physician's Order, dated 2/20/25, indicated the resident received a mechanical soft diet.</p> <p>3. During an interview, on 2/27/25 at 1:58 p.m., Resident G indicated the food was "just OK" and was often cold when it arrived.</p> <p>Resident G's record was reviewed on 2/28/25 at 1:48 p.m. An admission Minimum Data Set (MDS) Assessment, dated 2/4/25, indicated the resident was cognitively intact.</p> <p>On 2/27/25 at 2:48 p.m., the Administrator provided an undated document titled, "Sanitation and Food Safety," and indicated it was the policy currently being used by the facility. The policy indicated, "...Hot Food...Hold food at 135 degrees F or greater throughout the service process...."</p> <p>This citation relates to complaint IN00452651.</p> <p>3.1-21(a)(2)</p>				<p>the monthly QAPI meeting. Any concerns will have been addressed. However, any patterns will be identified. Any needed Action Plan will be written by QAPI committee. Any written Action Plan will be monitored by the Administrator weekly until resolved.</p>		