

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

PRINTED: 02/19/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155627		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/01/2024	
NAME OF PROVIDER OR SUPPLIER WATERS OF WABASH SKILLED NURSING FACILITY WEST				STREET ADDRESS, CITY, STATE, ZIP COD 1720 ALBER ST WABASH, IN 46992			
(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 Complaint IN00424644.</p> <p>Complaint IN00424644 - Federal/state deficiencies related to the allegations are cited at F563.</p> <p>Survey date: February 1, 2024</p> <p>Facility number: 000578 Provider number: 155627 AIM number: 100267810</p> <p>Census Bed Type: SNF/NF: 25 Total: 25</p> <p>Census Payor Type: Medicare: 2 Medicaid: 13 Other: 9 Total: 25</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 6, 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 February 18th, 2024. The facility is respectfully requesting paper compliance for all deficiencies in this POC.</p> <p>It is the intent of this facility to accommodate visitation rights for residents.</p>		
F 0563 SS=D Bldg. 00	483.10(f)(4)(ii)-(v) Right to Receive/Deny Visitors §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (ii) The facility must provide immediate access to a resident by immediate family and						

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

TITLE

(X6) DATE

Katherine Wright

Administrator

02/14/2024

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 disclosed 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>other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time;</p> <p>(iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time;</p> <p>(iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and</p> <p>(v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation.</p> <p>Based on, record review, and interview, the facility failed to accommodate visitation rights for 1 of 3 residents reviewed for resident rights. (Resident B)</p> <p>Finding includes:</p> <p>During an interview, on 2/1/24 at 11:18 a.m., Resident B indicated she wasn't allowed to have a friend enter the building for visitation. Outside visitation with her friend was allowed. Inside visitation was not permitted until documentation was provided to the facility of bedbug infestation treatment at his place of residence. Her friend was unable to afford treatment.</p>			F 0563	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident B was informed on where they can receive visitors within the facility. This education was provided by the ADM on February 14th, 2024</p> <p>How other residents having the potential to be affected by the same deficient practice will be</p>		02/18/2024

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	<p>During an interview, on 2/1/24 at 12:00 p.m., LPN 10 indicated the facility had limitations with one of Resident B's visitors.</p> <p>During an interview, on 2/1/24 at 12:17 p.m., the Administrator indicated that one specific visitor of Resident B was found to have brought bedbugs into the facility. They had the restricted visits to outside only.</p> <p>On 2/1/23 at 12:35 p.m., a facility document of a conversation between the resident and the Administrator, dated 11/6/23, was provided by the Administrator. The document indicated the Administrator spoke with Resident B regarding her visitation being outside the facility with her friend. Resident B indicated she felt there was discrimination against her friend.</p> <p>During an interview, on 2/1/24 at 12:54 p.m., the Social Services designee indicated Resident B's visitor was not allowed to enter the facility until he provided documentation of bedbug treatment at his place of residence.</p> <p>During an interview, on 2/1/24 at 2:18 p.m., the DON indicated Resident B's visitor was unable to enter the facility.</p> <p>The clinical record for Resident B was reviewed on 2/1/24 at 2:27 p.m. The diagnoses included anxiety.</p> <p>A 12/21/23 quarterly Minimum Data Set (MDS) assessment indicated the resident was cognitively intact.</p> <p>During an interview, on 2/1/24 at 3:20 p.m., CNA 11 indicated the facility was requiring outside</p>				<p>identified and what corrective action(s) will be taken:</p> <p>All residents have the potential to be affected by the alleged deficient practice, therefore, this plan of correction applies to all residents of the facility.</p> <p>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>The ADM/Designee in-serviced staff on February 14th, 2024 on the policy "Visitation Rights of Residents". Additionally, any staff that fails to comply with the points of this in-service will be further educated/disciplined as indicted.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place: The ADM/Designee will interview 5 random residents once a week x 4 weeks to ensure facility is accommodating residents rights for visitation, then 3 random residents weekly x 4 weeks, then 3 random residents once a month x 4 months. If the facility is within 95%</p>		

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	<p>visitation with one of Resident B's visitors.</p> <p>During an interview, on 2/1/24 at 3:27 p.m., QMA 12 indicated Resident B's visitor was unable to enter facility, as they felt he had bedbugs. Visits must take place outdoors, even when it was cold outside. Bedbugs were still found in the facility after her friend was restricted from entering.</p> <p>Pest control invoices for bedbug treatments, provided by the Administrator, on 2/1/24 at 10:30 a.m., indicated treatment dates for bedbugs included 12/1/23 and 1/22/24.</p> <p>An undated facility policy provided by the Administrator on 2/1/24 at 2:35 p.m., titled "Policy/Procedure: Visitation Rights of Residents," indicated "...Residents have the right to receive visitors of their choosing at the preferred time that the resident chooses as long as the visit does not impose on the rights of other residents...Ensure that all residents enjoy full and equal visiting privileges consistent with resident preference...."</p> <p>This visit relates to Complaint IN00424644.</p> <p>3.1-8(a)</p>				<p>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>By what date the systemic changes for each deficiency will be completed. February 18th 2024</p>		