

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

PRINTED: 05/02/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155280	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/09/2018
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NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018
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(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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00258413.</p> <p>Complaint IN00258413 - Substantiated. Federal/State deficiency related to the allegations are cited at F677.</p> <p>Survey date: April 9, 2018</p> <p>Facility number: 000178 Provider number: 155280 AIM number: 100273840</p> <p>Census Bed Type: SNF/NF: 86 Total: 86</p> <p>Census Payor Type: Medicare: 13 Medicaid: 55 Other: 18 Total: 86</p> <p>These deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on April 12, 2018.</p>	F 0000		
F 0677 SS=E Bldg. 00	<p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on interview and record review, the facility failed to ensure residents who were dependent on</p>	F 0677	The Waters of Dillsboro-Ross POC Complaint Survey 4/9/18	04/27/2018

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 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>staff for personal hygiene received those services related to assistance with showering for 4 of 4 residents reviewed. (Resident B, C, D, & E)</p> <p>Findings include:</p> <p>1. On 4/9/18 at 1:43 p.m., Resident B indicated she was suppose to receive two showers a week and she has gone without several showers.</p> <p>Record review for Resident B, on 4/9/18 at 10:44 a.m., indicated she was cognitive alert and required extensive two person physical assistance for mobility and ADL's (activities of daily living). The resident was incontinent of bowel and bladder. Her diagnoses included, but were not limited to, heart failure, morbid obesity, and COPD (chronic obstructive pulmonary disease).</p> <p>The shower sheet/report from March 1, 2018 through April 9, 2018 indicated Resident B received only 4 of the 12 scheduled showers. The resident had refused only one shower on 3/15/18.</p> <p>A "Shower List" provided by the DON (Director of Nursing), on 4/9/18 at 4:19 p.m., indicated Resident B should have received a shower on every Monday and Thursday.</p> <p>2. On 4/9/18 at 1:04 p.m., Resident E indicated she "only gets some of her showers."</p> <p>Record review for Resident E, on 4/9/18 at 3:38 p.m., indicated she was cognitively alert and required extensive one to two person physical assistance for mobility and ADLs. She was incontinent of bowel and bladder. Her diagnoses included, but were not limited to, hip fracture and paraplegia.</p>		<p>Deficiency ID: F _ 0000 Completion Date: May 9, 2018 Plan of Correction Text: Preparation and/or execution of this plan of correction in general, or this corrective action in particular, 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: May 9, 2018. Facility is respectfully requesting paper compliance for all deficiencies in this Plan of Correction.</p> <p>F-667</p> <p>It is the policy of the facility to establish and maintain a policy and procedure for residents who are unable to carryout activities of daily living receive the necessary services to maintain good nutrition, grooming, personal and oral hygiene.</p> <p>Resident B, C, D, and E have been interviewed for their preferences for bathing, care plans</p>	

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	<p>The shower sheet/report from March 1, 2018 through April 9, 2018 indicated Resident E received only 5 of the 11 scheduled showers. The resident had not refused any showers.</p> <p>A "Shower List" provided by the DON, on 4/9/18 at 4:19 p.m., indicated Resident E should have received showers on every Wednesday and Saturday.</p> <p>3. On 4/9/18 at 1:09 p.m. Resident C indicated she does not receive some of her showers.</p> <p>Record review for Resident C, on 4/9/18 at 11:09 p.m., indicated she was moderately cognitive alert and required extensive one to two person physical assistance for mobility and ADLs. She was occasionally incontinent of bowel and frequently incontinent of bladder. Her diagnoses included, but were not limited to, heart disease, morbid obesity, and COPD.</p> <p>The shower sheet/report from March 1, 2018 through April 9, 2018 indicated Resident C received only 2 showers and 1 bed bath for 3 of 12 scheduled showers.</p> <p>A "Shower List" provided by the DON, on 4/9/18 at 4:19 p.m., indicated Resident C should have received a shower on every Monday and Thursday.</p> <p>4. On 4/9/18 at 1:17 p.m. Resident D was observed in a reclined wheelchair in the activity room.</p> <p>Record Review for Resident D, on 4/9/18 at 11:45 a.m., indicated she was cognitively impaired, totally dependent requiring extensive two person physical assistance. The resident was incontinent</p>		<p>have been reviewed and updated accordingly. Residents who reside in the facility have the potential to be affected by this finding.</p> <p>The Director of Nursing/Designee will monitor showers, 5 days a week on varying shifts. The purpose of the monitoring will be to ensure that all residents receive showers and that proper policy and procedure is followed related to shower requests and/or refusals. The monitoring will continue until 4 consecutive weeks of zero negative findings is achieved. Afterwards, 3 random shifts will be monitored weekly for a period of not less than 6 months to ensure ongoing compliance. After that, random monitoring will occur for 12 months. Any infractions observed will be prevented or corrected as observed.</p> <p>At an in-service held <u>4/25/18</u> for all staff the following was reviewed:</p> <p>1. Resident Care —To include review of the facility resident care policy and procedure as well as demonstrations completed by staff to ensure all are practicing proper technique when giving showers as well as other personal care and grooming techniques.</p>	

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	<p>of bowel and had a Foley catheter. Her diagnoses included, but were not limited to, Alzheimer's disease, obesity, pressure ulcer sacral region stage 4, and muscle wasting and atrophy.</p> <p>The shower sheet/report from March 1, 2018 through April 9, 2018 indicated Resident D received only 4 of the 12 scheduled showers.</p> <p>A "Shower List" provided by the DON, on 4/9/18 at 4:19 p.m., indicated Residents D should have received a shower on every Monday and Thursday.</p> <p>On 4/9/18 at 1:25 p.m., LPN (Licensed Practical Nurse) 2 indicated staff tried to meet the needs of the residents "the best we can."</p> <p>On 4/9/18 at 1:32 p.m., CNA (Certified Nurse Aide) 3 indicated there wasn't enough help and if someone called in the showers might not get done.</p> <p>On 4/9/18 at 1:36 p.m., QMA (Qualified Medication Aide) 4 indicated "some days we have enough staff to complete all task."</p> <p>On 4/9/18 at 2:13 p.m., CNA 5 indicated there were a lot of staff who called in and that made it hard on everyone.</p> <p>On 4/9/18 at 2:20 p.m., CNA 6 indicated on some days there were not enough staff to completed the resident ADLs, but they do as much as they can.</p> <p>On 4/9/18 at 3:09 p.m., the DON (Director of Nursing) indicated she as not aware if residents were not getting their showers.</p> <p>On 4/9/18 at 3:42 p.m., the DON and Unit Manager</p>		<p>1.Updated shower sheets including documentation to be completed by staff and residents signature on the updated shower sheet related to refused showers.</p> <p>1.Activities of Daily Living and documentation</p> <p>1.Abuse and Neglect as well as ISDH Incident reporting guidelines as well as facility policy and procedure related to reportable incidents.</p> <p>Any staff member who fails to comply with the points of the in-service will be further educated and or progressively disciplined as indicated up to and including termination.</p> <p>At the monthly QA meetings, the monitoring of the DON/Designee 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>	

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	<p>indicated a resident should have a complete bath twice a week. A complete bath would include all the "hot spots," hair, and everything else.</p> <p>On 4/9/18 at 4:12 p.m., the DON provided a current copy of the document titled "Bathing" with no dated. It included, but was not limited to, the following "...complete bath: involves washing the patient's entire body..."</p> <p>This Federal tag relates to Complaint IN00258413.</p> <p>3.1-38(a)(3)</p>				