

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

PRINTED: 04/23/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155183		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/03/2025	
NAME OF PROVIDER OR SUPPLIER WATERS OF MARTINSVILLE, THE				STREET ADDRESS, CITY, STATE, ZIP COD 2055 HERITAGE DR MARTINSVILLE, IN 46151			
(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 IN00456407.</p> <p>Complaint IN00456407 - State deficiencies related to the allegations are cited at F9999.</p> <p>Survey date: April 3, 2025</p> <p>Facility number: 000096 Provider number: 155183 AIM number: 100290890</p> <p>Census Bed Type: SNF/NF: 52 Total: 52</p> <p>Census Payor Type: Medicare: 1 Medicaid: 23 Other: 28 Total: 52</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed April 4, 2025.</p>			F 0000			
F 9999 Bldg. 00	<p>3.1-9 PERSONAL PROPERTY (g) The facility must inventory, upon admission and discharge, the personal effects, money, and valuables declared by the resident at the time of admission. It is the resident's responsibility to maintain and update the inventory listing of the resident's personal property.</p>			F 9999	F9999 It is the policy of this facility to inventory, upon admission and discharge, the personal effects, money, and valuables declared by the resident at the time of		04/18/2025

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

TITLE

(X6) DATE

Stephanie Blevins

Administrator

04/17/2025

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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	<p>This State rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure a resident's personal belongings were recorded on admission and upon discharge for 1 of 3 resident's reviewed for inventory of personal property. (Resident B)</p> <p>Finding includes:</p> <p>On 4/3/25 at 11:30 a.m., Resident B's clinical record was reviewed. The diagnoses included, but were not limited to, CHF (Congestive Heart Failure), COPD (Chronic Obstructive Pulmonary Disease) and diabetes.</p> <p>The resident was discharged from the facility on 3/21/25.</p> <p>The clinical record lacked documentation of an inventory of the personal belongings for Resident B on admission or on discharge.</p> <p>During an interview with the DON on 4/3/25 at 1:55 p.m., she indicated there was no record of personal belongings documented on admission or on discharge for Resident B. She indicated it was the facility policy to complete an inventory sheet with all residents/resident representatives upon admission and upon discharge.</p> <p>On 4/3/25 at 2:10 p.m., a blank copy of an Inventory Sheet, undated, was provided by the DON, she indicated this was the current inventory sheet used by the facility. She indicated the staff should complete this form upon admission and discharge. She indicated the resident or resident representative would sign the document on admission and on discharge.</p>				<p>admission. It is the resident's responsibility to maintain and update the inventory listing of the resident's personal property.</p> <p>1 CORRECTIVE ACTION: Resident B no longer resides at this facility.</p> <p>2 IDENTIFICATION OF OTHER RESIDENTS WITH THE POTENTIAL TO BE AFFECTED: All residents have the potential to be affected. Therefore, the plan of correction applies to all residents of the facility.</p> <p>3 MEASURES TO BE PUT INTO PLACE AND SYSTEMIC CHANGES TO BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT OCCUR. An audit of current resident charts will be conducted on 4/18/25 by DON/designee to ensure inventory sheets have been completed. Any missing inventory sheets will be completed. An in-service will be completed by DON/Designee for nursing staff on 4/18/25 related to completion of inventory sheets upon admission. Any staff that fail to comply with the points of the in-service will be further educated and/or disciplined as indicated.</p> <p>4 HOW THE CORRECTIVE ACTION WILL BE MONITORED:</p>		

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	<p>On 4/3/25 at 2:15 p.m., the DON provided the facility policy "Resident Personal Clothing and Belongings Handling," undated, she indicated it was the policy currently being used by the facility. A review of the policy indicated, " ...Personal Belongings are to be listed on the Belongings List in the resident's chart ...Upon discharge ...Social Services will contact the family regarding belongings left in the facility ..."</p> <p>This citation relates to Complaint IN00456407.</p>				<p>The interdisciplinary team will review all new admissions at the next CQI meeting to ensure inventory sheet has been completed.</p> <p>Medical Records/designee will audit all new admissions for inventory sheets weekly for 6 months. Results of monitoring will be reviewed in QAPI meeting. Any concerns will be addressed. Any needed action plan will be written by QAPI committee. Any written action plan will be monitored by the administrator weekly until resolved.</p> <p>5 DATE OF COMPLIANCE: April 18, 2025</p>		